Manitoba

Annual Report 1991 - 92

Manitoba Health Services Commission

Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour George Johnson, M.D.,
Lieutenant-Governor,
Province of Manitoba.

May It Please Your Honour:

I have the privilege of presenting the Annual Report of the Manitoba Health Services Commission for the 12 month period April 1, 1991 to March 31, 1992.

Respectfully submitted,

Donald W. Orchard

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

The Honourable Donald W. Orchard,
Minister of Health,
Province of Manitoba.

Sir:

In accordance with Section 24 of the Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1991 to March 31, 1992.

Members of the Commission acknowledge the significant contributions to their deliberations by the late W. K. Ziprick, former Chairman of the Board. His leadership ability, his keen perception and understanding of issues however complex, and his inherent sense of fairness guided us in our endeavours. For all of that and much more, we remember him and are grateful.

Respectfully submitted,

Gail Roth,
Chairman,
Manitoba Health Services Commission

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INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to the provisions of The Health Services Insurance Act and other relevant legislation. The Plan finances an integrated system of hospital care, medical treatment, personal care, a prescription drug program and other health services for Manitoba residents.

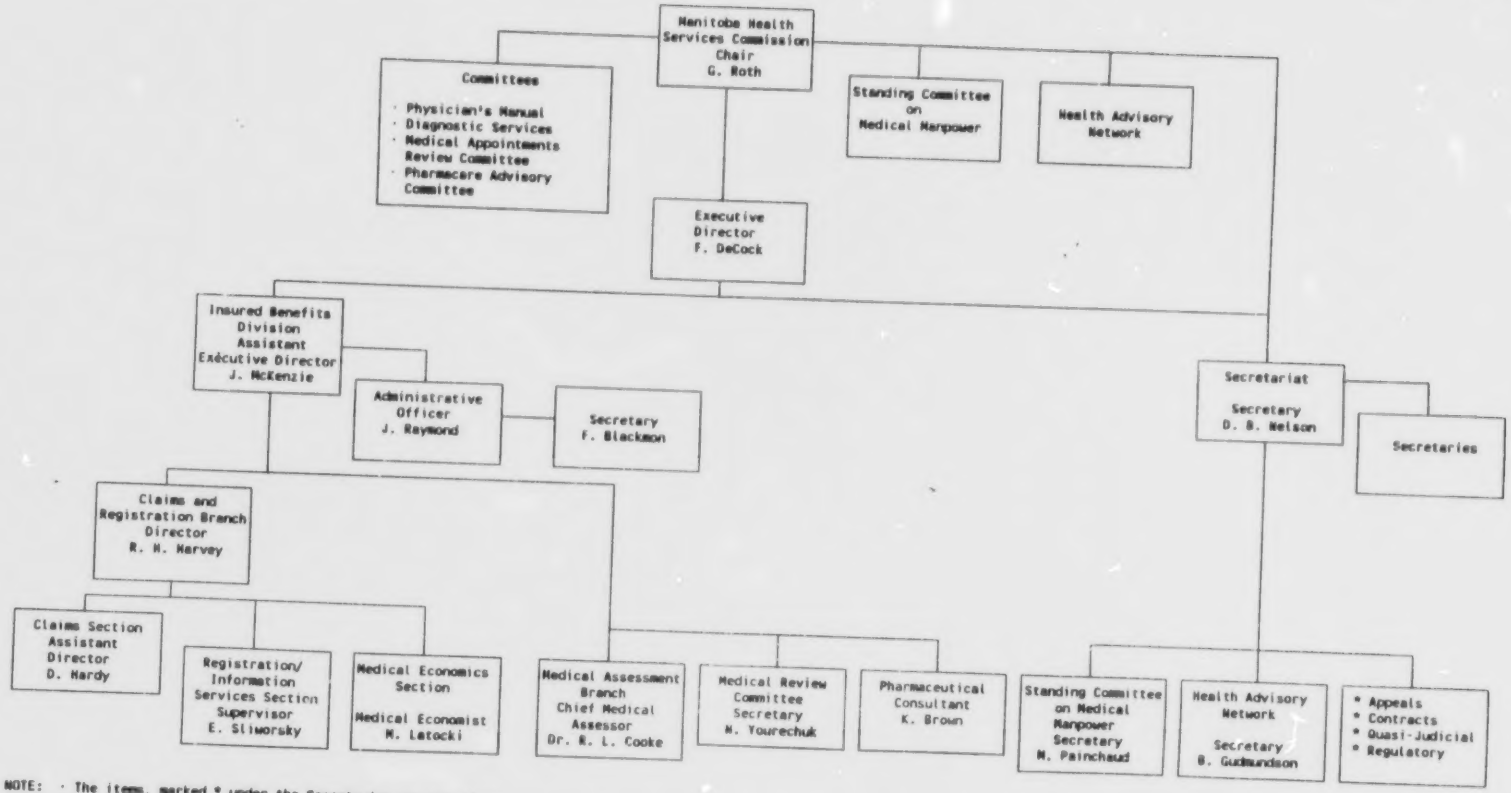
The Commission is headed by an Executive Director and a Board appointed by Government. Close liaison is maintained between the Commission and the other components of the Department of Health which are responsible for financial and management services, and for the delivery and administration of community health programs including Health Promotion, Protection and Disease Prevention, Women's Health, Healthy Child Development, Home Care, Gerontology and Mental Health Programs.

During 1991/92, the administrative structure of the Commission underwent extensive changes as part of the overall reorganization of the Ministry of Health in Manitoba. The legislated responsibilities of the Commission Board will also be changed when amending legislation reflecting the reorganization has been passed by the Legislative Assembly of Manitoba. Details of the reorganization are provided on page 16.

This Annual Report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the Auditor's Report for the period April 1, 1991 to March 31, 1992.

MANITOBA HEALTH SERVICES COMMISSION
MANITOBA HEALTH

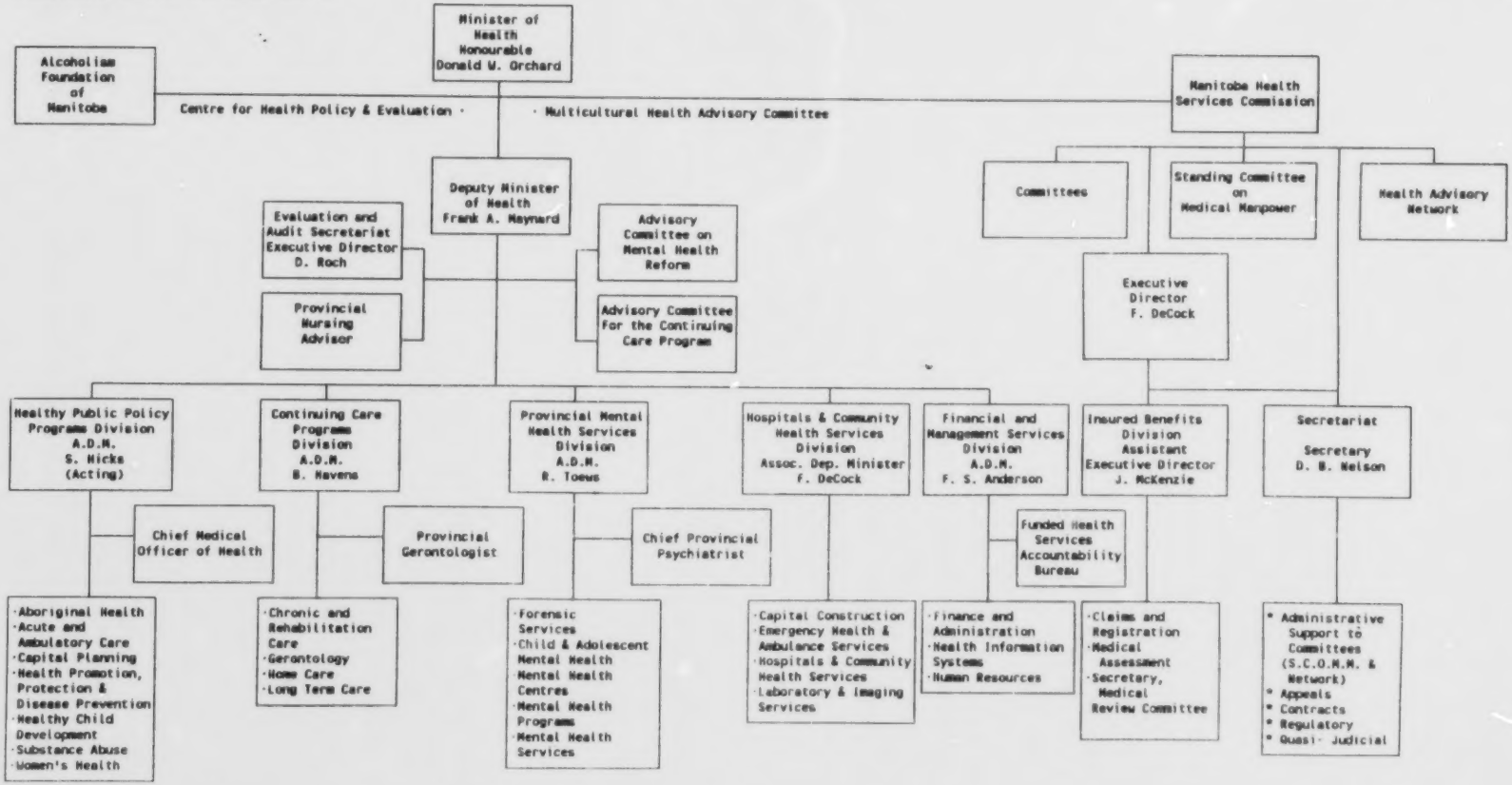
MARCH 31, 1992



NOTE: · The items, marked * under the Secretariat are functions not people at this time.

MANITOBA
DEPARTMENT OF HEALTH

MARCH 31, 1992


Minister of Health Honourable Donald W. Orchard
Alcoholism Foundation of Manitoba
Centre for Health Policy & Evaluation
Multicultural Health Advisory Committee
Manitoba Health Services Commission
Deputy Minister of Health Frank A. Maynard
Committees
Standing Committee on Medical Manpower
Health Advisory Network
Evaluation and Audit Secretariat Executive Director D. Roch
Provincial Nursing Advisor
Advisory Committee on Mental Health Reform
Advisory Committee For the Continuing Care Program
Executive Director F. DeCock
Healthy Public Policy Programs Division A.D.M. S. Hicks (Acting)
Continuing Care Programs Division A.D.M. B. Havens
Provincial Mental Health Services Division A.D.M. R. Toews
Hospitals & Community Health Services Division Assoc. Dep. Minister F. DeCock
Financial and Management Services Division A.D.M. F. S. Anderson
Insured Benefits Division Assistant Executive Director J. McKenzie
Secretariat Secretary D. B. Nelson
Chief Medical Officer of Health
Provincial Gerontologist
Chief Provincial Psychiatrist
Funded Health Services Accountability Bureau
·Aboriginal Health
·Acute and Ambulatory Care
·Capital Planning
·Health Promotion, Protection & Disease Prevention
·Healthy Child Development
·Substance Abuse
·Women's Health
·Chronic and Rehabilitation Care
·Gerontology
·Home Care
·Long Term Care
·Forensic Services
·Child & Adolescent Mental Health
Mental Health Centres
·Mental Health Programs
·Mental Health Services
·Capital Construction
·Emergency Health & Ambulance Services
·Hospitals & Community Health Services
·Laboratory & Imaging Services
·Finance and Administration
·Health Information Systems
·Human Resources
·Claims and Registration
·Medical Assessment
·Secretary, Medical Review Committee
* Administrative Support to Committees (S.C.O.M.M. & Network)
* Appeals
* Contracts
* Regulatory
* Quasi- Judicial

Note: · This is a transitional organization chart reflecting responsibility centres and functions.
Pending legislative changes, the Associate Deputy Minister retains the title of Executive Director, Manitoba Health Services Commission as well as legislative relationship with the Commission Board.
· A.D.M. - Assistant Deputy Minister

STATUTES RESPONSIBILITY OF THE MINISTER OF HEALTH

		Continuing Consolidation Chapter
	THE ALCOHOLISM FOUNDATION ACT	A 60
(1)	THE AMBULANCE SERVICES ACT	A 65
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	THE CHIROPODISTS ACT	C 90
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	THE DENTAL ASSOCIATION ACT	D 30
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	THE DENTAL HEALTH SERVICES ACT	D 33
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(1)	THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (Except with respect to elderly persons housing units as defined in the Act)	E 20
	THE DEPARTMENT OF HEALTH ACT	H 20
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	THE MANITOBA HEALTH RESEARCH COUNCIL ACT	H 28
(1)	THE HEALTH SCIENCES CENTRE ACT (S.M. 1988-89,c.41)	
(1)	THE HEALTH SERVICES ACT	H 30
(1)	THE HEALTH SERVICES INSURANCE ACT	H 35
	THE HEARING AID ACT	H 38
(1)	THE HOSPITALS ACT	H 120
	THE HUMAN TISSUE ACT	H 180
(1)	THE MEDICAL ACT	M 90
(1)	THE MENTAL HEALTH ACT (EXCEPT PARTS II, III, AND IV)	M 110
	THE NATUROPATH ACT	N 80
(1)	THE OCCUPATIONAL THERAPISTS ACT	O 5
(1)	THE OPHTHALMIC DISPENSERS ACT	O 60
(1)	THE OPTOMETRY ACT	O 70
(1)	THE PHARMACEUTICAL ACT	P 60
(1)	THE PHYSIOTHERAPISTS ACT	P 65
	THE LICENSED PRACTICAL NURSES ACT	P 100
(1)	THE PRESCRIPTION DRUGS COST ASSISTANCE ACT	P 115
(1)	THE PRIVATE HOSPITALS ACT	P 130
	THE REGISTERED PSYCHIATRIC NURSES ACT	P 170
	THE PSYCHOLOGISTS REGISTRATION ACT	P 190
	THE PUBLIC HEALTH ACT*	P 210
	THE REGISTERED NURSES ACT	R 40
(1)	THE REGISTERED RESPIRATORY THERAPISTS ACT	R 115
(1)	THE SANATORIUM BOARD OF MANITOBA ACT	S 12
	AN ACT TO PROTECT THE HEALTH OF NON-SMOKERS	S 125

* Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under The Public Health Act, which is assigned to the Minister of Consumer and Corporate Affairs.

(1) These statutes, in whole or in part, are administered by the Manitoba Health Services Commission.

MANITOBA HEALTH SERVICES COMMISSION

Members

W.K. Ziprick, C.A. - Chairman (to July 12, 1991)
Gail Roth (member to and Chairman from January 15, 1992)
Frank A. Maynard - Vice-Chairman
Terry Babick, M.D.
George Bass, Q.C.
Neena Chappell, (from January 15, 1992)
Robert Filuk (from January 15, 1992)
Robert Vandewater

D.B. Nelson - Secretary

The Commission is responsible for performing the duties and functions assigned to it by the Lieutenant-Governor-in-Council and the Minister of Health, in accordance with The Health Services Insurance Act and other relevant legislation.

Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services;
- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities; and
- with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health care facilities and services.

During 1991/92, responsibility for the Health Advisory Network and the Standing Committee on Medical Manpower (S.C.O.M.M.) was transferred to the Commission. Previously, the Network reported to the Minister of Health, and S.C.O.M.M. to the Ministers of Health and Education.

The Board of Commissioners takes an active part in the affairs of the Commission and the health care delivery system in Manitoba. Seventeen Board meetings were held during the year at which several delegations were received and their presentations heard.

During their deliberations, members of the Board dealt with a variety of matters including drug benefit programs, budget assessment policies, ambulance services, budget appeals, construction projects, non-fee-for-service physician remuneration, and computer systems and services.

In addition to their participation at regular Board meetings, one or more members serve on committees the Board established in 1988 to create an information exchange process between them and health facilities and to foster greater coordination of effort and planning within the health care sector. These committees have been relatively successful in achieving their objectives and the results of their endeavors have assisted the Board in timely decision-making. The committees, with a brief synopsis of their terms of reference and status, are:

Executive Committee:

In addition to the usual functions of an Executive Committee, this committee included responsibilities normally assigned to finance and audit committees. It was discontinued in October 1991 when the Board decided to meet twice rather than once per month.

Physician's Manual Committee:

Reviews all proposed amendments to the Physician's Manual prior to their consideration by the Commission Board.

Funding Guideline Review Committee:

Conducts reviews and recommends guidelines for the equitable allocation of funds to health care facilities, and ensures that guidelines are consistent with Government's objectives, policies and programs.

Construction Committee:

Reviews all construction projects recommended for funding from the contingency allowance, and makes recommendations to the Commission Board on the Five-Year Capital Program.

Compensation Committee:

Reviews health facility labour negotiations as well as negotiations with professional associations funded by the Commission, and makes recommendations in respect to funding equity and mandates in the collective bargaining process.

Health Care Demonstration Projects Committee:

Monitored and coordinated the reporting requirements for determining the effect that the 16 health care demonstration projects had on reducing patient admissions and/or length of stay in health care facilities. The Committee completed its work and was disbanded in June 1991.

Members of the Commission also serve on a number of Task Forces of the Health Advisory Network which was established by the Minister of Health in 1988/89.

REORGANIZATION

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

It is the mission of Manitoba Health to improve and promote the health status of Manitobans and to reduce inequalities in health status. This mission is accomplished through a structure of comprehensive envelopes encompassing program, policy and fiscal accountability, by the development of healthy public policy and by the provision of appropriate, effective and efficient health and health care services. Services are provided through regional delivery systems, hospitals and other health care facilities.

It is also the role of Manitoba Health to foster innovation in the health care system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness, fostering behaviors and environments which promote health, and promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

In April 1991, Manitoba Health announced a major administrative restructuring in recognition of the need to implement a strategic management plan to realize its broader vision for health and healthy public policy. An essential component of the strategic management plan was the integration of the Manitoba Health Services Commission and the Department of Health into one organization in order to reduce the impediments to change and to refocus towards a continuum of policy and programs under one accountability structure.

Through the reorganization, the desirable linkages between services provided in facilities and in the community will be achieved. This will be further enhanced through central planning which will fairly identify the most appropriate method of service delivery.

The organization chart on page 12 reflects the structure of the Commission as of March 31, 1992. The chart on page 13 depicts the organizational structure of the Ministry of Health, including the Commission.

The integration of the functions of the Department and the Commission is particularly evident in the creation of the following Divisions reporting to the Deputy Minister of Health.

The Healthy Public Policy Programs Division encompasses the spectrum of policies, prevention, care and treatment aimed at improving the health status of Manitobans. This area integrates under one structure the spectrum of community and institutional policies and programs aimed at healthy public policy, protection, disease prevention, promotion of health, acute care and ambulatory care. In particular, it will focus on healthy child development, women's health, aboriginal health and substance abuse. This Division is also responsible for capital planning and the functions of the Chief Medical Officer of Health.

The Continuing Care Programs Division comprises home care, rehabilitation, personal care homes, chronic care and support services. The Division is also responsible for personal care home placement, assessment, and home care equipment and medical supplies. The Assistant Deputy Minister also retains the function of Provincial Gerontologist.

Under the Provincial Mental Health Services Division the integration of policies, programs and fiscal responsibility focusing on the spectrum of mental health services will occur. These include adult mental health, child and adolescent mental health, forensic services and mental health centres. The Chief Provincial Psychiatrist reports to the Assistant Deputy Minister of this Division.

A new position of Associate Deputy Minister was established with primary responsibility for the new Hospitals and Community Health Services Division. Hospital and regional health services, capital construction, emergency health and ambulance services, and laboratory and x-ray services have been integrated under this Division. Pending legislative changes, the Associate Deputy Minister continues to also serve as the Chief Executive Officer of the Commission.

The Financial and Management Services Division includes finance, administration, human resources and information system functions. It also includes the Funded Health Services Accountability Bureau which was established to enhance fiscal and program accountability.

The Health Services Insurance Fund will continue to operate outside the Provincial Consolidated Fund. All program costs relating to payments to hospitals, personal care homes, providers of service, and individuals claiming reimbursement of expenditures will flow through the Health Services Insurance Fund as will capital expenditures.

When amendments to The Health Services Insurance Act are passed by the Legislative Assembly of Manitoba, the Manitoba Health Services Commission Board will be reconstituted as a quasi-judicial body that will hear and adjudicate on appeals from providers and recipients of health services, and will serve as an advisory body to the Minister of Health through its liaison with the health care community and the public at large. This new body will be called the Manitoba Health Board. It will have delegated administrative responsibility for insured benefits claims payment, the Standing Committee on Medical Manpower and the Health Advisory Network.

Consistent with the restructuring, the Manitoba Centre for Health Policy and Evaluation was established as a leading edge research centre to assist Manitoba Health to address strategic policy issues, to evaluate new interventions and technology and to identify opportunities for improving health status.

Two new functions reporting to the Deputy Minister of Health are the Provincial Nursing Advisor and the Evaluation and Audit Secretariat. The Provincial Nursing Advisor will be responsible for advising the Minister and for coordinating planning across the spectrum of services respecting issues directly related to nursing. The Evaluation and Audit Secretariat was established in order to strengthen the Ministry's capacity to evaluate, monitor and audit new and existing initiatives with greater focus on their contribution to health outcomes. The Health Services Development Fund will continue to provide funding for health innovations.

A number of other features were initiated to provide advice on policy and programs to the Minister of Health including the Advisory Committee on Mental Health Reform, the Multi-

Cultural Health Advisory Committee and linkages to the Manitoba Centre for Health Policy and Evaluation.

The overall purpose of the administrative reorganization was to integrate more closely the management of the various sectors of the health care system. The goal is an efficient, effective and affordable system that will provide for the health and health care needs of all Manitobans.

COMMITTEES

Medical Review Committee

Members

I. F. Elliott, M.D. - Chairman (effective September 11, 1991)
A. G. Rogers, M.D. - Chairman to September 11, 1991
A. Dalecka, M.D.
R. F. Decker, M.D.
A. A. Earn, M.D.
P. A. Galbraith, M.D.
M. Wahn, Ph.D.

N. Yourechuk - Secretary

The Medical Review Committee is an autonomous committee established under The Health Services Insurance Act to review patterns of medical practice. Members are named to the committee by the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba.

Dr. Rogers who served as Chairman of the Medical Review Committee from July, 1984 stepped down from the chair on September 11, 1991. He continues to serve as a member of the committee. Dr. Elliott was unanimously elected as Chairman on that date.

From April 1, 1991 to March 31, 1992, the committee met 15 times. It reviewed the patterns of medical practice of 374 physicians. Explanations were found for 274 of these patterns. The remaining 100 were subject to one or more of the following actions.

The 100 physicians were notified by letter that their patterns of medical practice varied from the peer average and were under review. Explanations were requested for the variances.

- 33 physicians' patterns were subsequently accepted following written explanations from the physicians and/or informal discussions with them.

- 32 physicians were asked to do an ongoing self-review of their practices to achieve a prudent use of health care facilities.

- 10 physicians were on continuing review.

- 10 physicians were referred to the Commission for resolution of their patterns deemed to be matters pertaining to the rules of application.

- One physician's pattern was referred to the College of Physicians and Surgeons of Manitoba for review.

- The remainder of the physicians were in various stages of review on March 31, 1992.

The Committee:

- continued to hold informal discussions with physicians about departures in their practices from the peer average. It finds these discussions to be particularly useful when variations in practice patterns relate to excessive use of referred laboratory services. Other discussions related to repeat visits, complete histories and physical examinations, consultations, personal care home visits, special calls and well-baby care. The committee expects the practice of holding informal discussions will continue to result in cost savings, without sacrificing standards of care.

- formally reviewed the pattern of medical practice of three physicians. Orders were made for the total repayment to the Manitoba Health Services Commission of $406,061.70.

- communicated with the Commission about subjects such as personal care home guidelines, laboratory services, documentation of visits, special calls, consultations, endoscopies and fee schedule reform.

- approved three requests from the Manitoba Health Services Commission to send Notification of Health Benefits Paid Notices for services to all the patients of particular physicians.

- heard three appeals from physicians regarding assessment of claims by the Manitoba Health Services Commission.

Medical Appointments Review Committee

Members

I. Auld - Chairman
E. Backman
C. T. Birt
L. Fleisher
R.G. Handford, M.D.
R.O. Hinch, M.D.
R. Koniuck
R.G. Krause, M.D.
D.N.C. McIntyre, M.D.
H. Smith, M.D.
J. Steele, Ph.D.

D.B. Nelson - Secretary

This Committee was established in 1973 through an Agreement between the Minister of Health, the Manitoba Health Organizations Incorporated, the College of Physicians and Surgeons of Manitoba, the University of Manitoba, the City of Winnipeg and the Manitoba Health Services Commission.

The Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals to this committee are made only when all other rights of appeal have been exhausted.

No appeals were received or heard by the Committee during the year.

Access and Confidentiality Committee

Members:

R. D. Walker, M.D. Chairman	College of Physicians and Surgeons of Manitoba
W. J. Blight, M.D.	St. Boniface General Hospital (to September 16, 1991)
G. Connor, M.D.	St. Boniface General Hospital (from September 17, 1991)
J. Cook	Manitoba Association of Community Health Centres
F. R. Friesen, M.D.	Health Sciences Centre
L. Gordon	Manitoba Medical Association (to May 6, 1991)
G. Grimsen	Manitoba Health Records Association
D. Nanton	Manitoba Medical Association (from May 7, 1991)
E. Yallowega	Manitoba Health Organizations, Inc.
M. Dutta, Ph.D. Secretary	Manitoba Health

The Access and Confidentiality Committee was established by the Manitoba Health Services Commission in April 1979 to advise on matters relating to confidentiality of and access to health information.

The Committee held three meetings during the year and considered 23 project submissions for access to Commission data; this compares to 15 project submissions during the previous year. All, but two, were recommended for approval. The approved projects are:

1. **Prescription Medication Use and the Incidence of Falls Among Nursing Home Residents.** The purpose of this research is to find the relationship between medication use and the risk of injury-sustaining falls among elderly residents of nursing homes.

2. **Maternal Demographic Risk Factors and Incidence of Low Birth Weight, Manitoba, 1979-89.** The goals of the study are to estimate: (a) relative risk of low birthweight for women of reproductive age in Manitoba, (b) extent to which these risks are distributed in relation to a measure of maternal and socioeconomic status, and (c) proportion of the observed trend in the incidence of low birthweight attributable to changes in the prevalence of socio-demographic factors.

3. **Canadian Study of Pesticides Use and Health.** This is part of a national study which aims at determining the relationship between the incidence of certain types of cancer (soft tissue sarcoma, Hodgkin's disease, non-Hodgkin's lymphoma and multiple myeloma) and exposure to pesticides (herbicides, insecticides and fungicides) in males.

4. **A Pharmacy Resource Centre for Ambulatory Elderly: Program Implementation and Evaluation.** The purpose of this demonstration project is to evaluate whether the Pharmacy Resource Centre at Lions Place makes a positive change in (a) patient and/or family knowledge and attitudes about proper medication use (b) patient/health care professional interaction, (c) medication - related problems and (d) health care costs.

5. **Centre of Excellence Study.** This study is part of the federal government's Networks of Centres of Excellence Program with contributions from Manitoba. The specific goal of this project is to identify the needs of the elderly in terms of products which could be developed or improved to better promote independent living.

6. **Benign Prostatic Hyperplasia: Burden of Illness Study.** The basic objectives of the study are to estimate the incidence and prevalence of benign prostatic hypertrophy (BPH) in Canada, assess the quality of BPH patients and examine the costs of medical and surgical procedures.

7. **The Epidemiology of Chlamydia Trachomatis Genital Infection.** The purpose of the research is to determine the incidence and relative risk of pelvic inflammatory disease, infertility and ectopic pregnancy with respect to demographic features and incidence of repeat infections.

8. **The Epidemiology of Hospitalization in Childhood.** The objective of this study is to describe the patterns of hospital utilization and associated patterns of morbidity by age group within the pediatric population.

9. **Cataract Extraction: An International Comparison.** The purpose of the study is to compare patterns of medical practice; physician attitudes and beliefs; and patient expectations, satisfaction and outcomes in the United States, Denmark and Manitoba.

10. **An Evaluation of the Coverage and Adequacy of Prenatal Care in Manitoba, 1987-88.** The specific objectives of the study are to: (a) assess the convergent accuracy of four sources of routinely collected data on prenatal care in Manitoba, (b) examine the extent to which the coverage of prenatal care services varies in relation to maternal socio-demographic factors, and (c) examine the relationship between prenatal care coverage and birth outcome.

11. **The Reliability and Validity of the Three-Day Food Record Kept by Parents and Caregivers of Preschool Children.** The study addresses methodological issues involved in collecting data on the food intake of preschool children where data are provided by parents and substitute caregivers.

12. **Proposal To Monitor the Health of Residents Living Near A New Hazardous Waste Storage/Treatment and Central Treatment Facility.** The purpose of the study is to review relevant health related databases to identify the nature and size of the population living within eight kilometers of the study areas.

13. **Young Adult Male Dating Behaviour Study.** The main purpose of this research is to investigate the incidence and predictors of courtship violence among adult males aged 18 to 21.

14. **Outcomes Associated with Coronary Artery Bypass Surgery.** The project focuses on outcomes associated with coronary artery bypass surgery, using an abbreviated database which includes utilization data.

15. **Hospital Utilization Patterns in Westman Region.** The study aims at identifying differences, if any, in the service utilization patterns of two similar service areas in Westman Region having various organizational structures - district health centre vs. health district.

16. **Length of Stay of Geriatric Patients.** This project focuses on a comparison of length of stay of geriatric patients between Health Sciences Centre and St. Boniface General Hospital.

17. **Levels, Patterns and Consumption Preferences of Elderly Individuals and Family Households in Manitoba.** The goals of the study are to determine if there is a gap between the goods and services elderly consumers demand and what they need and deserve (potential demand) and to identify the sources of demand, potential demand, and the gap between the two.

18. **An External Verification of Data from the National Breast Screening Study Using an Administrative Data Bank.** The purpose of the study is to compare data collected on the 10,094 women who took part in the National Breast Cancer Screening Study with Manitoba Health Services Commission data on the same women.

19. **The Reduction of Cesarean-Delivered Births During the Manitoba Nurses Strike: January 1991.** The study proposes to examine the impact of a 31-day nursing strike on the frequency of Cesarean-delivered births in Manitoba in early 1991.

20. **The Treatment of Multiple Sclerosis (MS) with Varicella Vaccine.** The purpose of the study is to determine if enhanced humoral immunity to varicella vaccine benefits the patient with MS and to examine if Hutterite citizens experience usual incidence of MS and varicella.

21. **Record Linkage Study of Adverse Events Following Immunization.** The purpose of the study is to link the Manitoba Immunization Monitoring System file with M.H.S.C. hospital and registry files to investigate the occurrence of adverse health events following immunization.

Pharmacare Advisory Committee

Members:

K. Brown, B.Sc. Pharm. - Chairman
D. Boyd, B.Sc. Pharm.
V. Crandell, B.Sc. Pharm.
W. Ellerby, B.Sc. Pharm.
S. Fingerote, B.Sc. Pharm.
D. Maksymyk, B.Sc. Pharm.

The Pharmacare Advisory Committee is composed of pharmacists from government and private practice. The Committee met four times during 1991/92 to provide professional guidance on administration, legislation, regulations, drug benefits and liaison respecting the Pharmacare program.

Standing Committee on Diagnostic Services

Members

J.H. McBeath, M.D. --Chairman	Manitoba Health Services Commission
G. MacDonald	Citizen Representative
G.C. Gough, M.D.	Manitoba Medical Association
N. Pettigrew, M.D. (from June 17/91)	University of Manitoba
D. Bowden, M.D. (to May 29/91)	University of Manitoba
G.M. Lindsay, M.D.	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Laboratory and Imaging Services Branch, Manitoba Health
R.H. Harvey	Manitoba Health Services Commission
M. Lertzman, M.D. (to April 21/91)	College of Physicians and Surgeons of Manitoba
L.A.Antonissen,M.D. (from April 22/91)	College of Physicians and Surgeons of Manitoba
T.A. Yeo, M.D.	Manitoba Medical Association
M.J. Painchaud --Secretary	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Hospitals and Winnipeg Community Health Services Branch, Manitoba Health
J. Lock	Hospitals and Winnipeg Community Health Services Branch, Manitoba Health

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. As well, it acts as a reference and consultative body about issues related to the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

Members of the Committee met on two occasions during 1991/92. Of the 12 requests submitted for consideration, eight were recommended for approval (includes two applications receiving partial approval), one request was withdrawn before proceeding to Committee and three requests were pending as of March 31, 1992. Of the three pending applications, two relate to mammography procedures and one to procedures presently under review by the College of Physicians and Surgeons of Manitoba.

Of the eight approvals, seven were for additional tests and one concerned a change of ownership.

Standing Committee on Medical Manpower

Members:

G.E. Dow, M.D. - Co-chairman	
B.D. Postl, M.D. - Co-chairman	
P. Nehra, M.D.	College of Physicians and Surgeons of Manitoba
S. Roberecki, M.D. (from October 29/91)	Professional Association of Residents and Interns, Manitoba
S. Buchan, M.D. (to October 28/91)	Professional Association of Residents and Interns, Manitoba
R. Sanders, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
L. Letourneau, Ph.D.	Universities Grants Commission
D. Lethbridge	Union of Manitoba Municipalities
S. Locker	Manitoba Association of Urban Municipalities
J.F. Ross, M.D.	Manitoba Medical Association
M.L. Kopelow, M.D.	University of Manitoba, Faculty of Medicine
G. Beazley, M.D. (to October 31/91)	University of Manitoba, Faculty of Medicine
H. Wiebe	Manitoba Association of Urban Municipalities
P. Kirk, M.D. (from November 1/91)	University of Manitoba, Faculty of Medicine
R. Comte	Member at large
R. Carter, M.D.	Member at large
S. Derk	Member at large
D. Rodgers, M.D. (to June 30/91)	Member at large
J. Dhillon, M.D.	Manitoba Medical Students Association, Faculty of Medicine, University of Manitoba
M.J. Painchaud -Secretary	Manitoba Health Services Commission

Resource Consultants:

T. Williams, M.D.	Laboratory and Imaging Services Branch, Manitoba Health
B. Millar	Evaluation & Audit Secretariat, Manitoba Health

The Standing Committee on Medical Manpower (SCOMM) was established in 1979 for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba. When first established, the committee reported to the Ministers of Health and Education. During 1991/92, the responsibility for SCOMM was transferred to the Manitoba Health Services Commission.

The major activities of the Committee continue to relate to issues of geographic maldistribution. Physician turnover and the Committee's ability to recruit physicians to rural and remote areas of Manitoba remain significant issues. The Committee has attempted to introduce and maintain programs that will have an impact on rural communities. The lead time required for the introduction of any new initiatives is substantial and the results are not usually evident for several years. In the interim, dependency on foreign medical graduates remains high.

SCOMM has also been concerned with the geographic distribution of specialty services throughout the province. A proposal is being developed to provide primary specialty services to areas that presently do not have on-site services. The proposal will focus on the specific needs of each region and will incorporate continuing medical education, residency and undergraduate experience.

To redress the shortages of medical services in rural and remote areas of Manitoba, SCOMM oversees a placement bureau, offers an incentive program and facilitates the immigration of foreign physicians.

The incentive program supports medical students in summer job experience in rural areas, offers loans to selected 3rd and 4th year medical students agreeing to practice in a medically underserviced area, funds positions for rural physicians taking post-graduate training courses in specific specialties that will broaden their skills for rural and northern practice, and provides grants to physicians establishing practice in medically underserviced areas.

Recruitment, educational and promotional activities of SCOMM include initiatives such as the Health Pro Show, Manitoba's rural health recruitment fair, and the Family Practice Residency Training Program-Dauphin, the first rural-based residency program in Canada. A Rural Medical Education Program under the sponsorship of the Department of Continuing Medical Education, Faculty of Medicine, University of Manitoba, was also introduced in 1990.

The efforts of SCOMM have been successful in many cases; however, there continues to be an overall shortage of physicians in rural and remote areas of Manitoba. Physicians, medical students and health personnel indicate that some of the barriers to rural practice can be attributed to:

. isolation from professional colleagues;

. overwork resulting from public demand for continuous services;

. lack of acceptable housing;

. limited social and cultural amenities;

. high cost of establishing a viable practice;

. high cost of living, particularly travel for vacation, business or professional meetings;

. difficulty of getting a temporary replacement to permit travel or attendance at meetings;

. lack of educational opportunities;

. constraint on fee income and its potential for growth due to limitations of population in the catchment area; and

. lack of confidence or security to practice in a more isolated milieu without ready access to sophisticated diagnostic and treatment resources, as well as consultation services.

Circumstances have changed. Today, equally important problems exist in urban areas where an oversupply of some types of physicians and an undersupply in certain specialities (radiotherapy, laboratory medicine, psychiatry and anesthesiology) have manifested themselves.

SCOMM perceives that one important solution to the problems of rural and urban manpower supply lies with the reorganization of the health care delivery system, including shared resources and services arrangements between the regions.

Further details of SCOMM programs can be found in the Annual Report of the Standing Committee on Medical Manpower, including data on physician supply and distribution.

Personal Care Home Prescribing Guide Committee

Members

P. Montgomery, M.D. - Chairperson	University of Manitoba Department of Pharmacology
M. Yakabowich, M. Sc., B.Sc. Pharm. - Prescribing Guide Coordinator	Manitoba Health
P. Mehta, M.D.	College of Physicians & Surgeons of Manitoba
H. Kirkpatrick, M.D.	College of Physicians & Surgeons of Manitoba
S. Hampton, M.D.	Manitoba Medical Association
G. Keeley, B.Sc. Pharm.	Manitoba Health
W. Reimer, B.Sc. Pharm.	Manitoba Health
M. Allan, R.N.	Manitoba Health Organizations Inc.
B. Shaw, B.Sc. Pharm.	Manitoba Pharmaceutical Association
S. Younger, B.Sc. Pharm.	Manitoba Pharmaceutical Association
J. Alderdice, B.Sc. Pharm.	Manitoba Pharmaceutical Association
D. Gillingham, R.N.	Manitoba Association of Registered Nurses
M. Willard, R.N.	Manitoba Association of Registered Nurses

The Personal Care Home Prescribing Guide Committee was established in March 1985 to develop and administer a formulary system for the personal care homes.

The Committee met four times during 1991/92 to address the following:

- development of policies for the evaluation, selection, administration and utilization of drugs within the personal care homes.
- recommendations on the drugs to be included in the Personal Care Home Prescribing Guide.
- review of requests for drugs not listed in the Prescribing Guide.
- development of educational programs and formulary changes.
- dissemination of information regarding specific pharmaceutical agents to the personal care home staff.
- review of therapeutic classes of drugs as a means of updating the formulary.
- areas of drug use to review for drug utilization studies.

DECENTRALIZATION

In announcing its plans in 1989 to decentralize certain services to rural Manitoba, the Government indicated its intention to implement measures to strengthen rural communities and balance the growing predominance of Winnipeg in the social and economic life of Manitoba. In meeting these criteria for decentralization, the Commission identified functions which it was felt could be provided with equal effectiveness from outside Winnipeg.

Through the continuing process of decentralization, the Commission officially opened two offices located outside Winnipeg; one office in Flin Flon and one office in Morden.

The Flin Flon office, comprising seven staff, officially opened April 1, 1991, and serves all health facilities north of the 53rd parallel. The northern office has the responsibility for taking the lead role in dealing with native health emerging issues, the Northwest Territories - Manitoba and Churchill issues, and the Northern Medical Unit.

The Morden office, comprising twelve staff, officially opened November 4, 1991, and is responsible for all health care facilities in the Central and Westman Regions, except for the proprietary personal care homes and the facilities located in Brandon. Free standing personal care homes in Eastman Region, south of Highway #1 are also the responsibility of the Morden office.

Responsibility for the Brandon General Hospital remains with the Winnipeg office of the Hospitals and Community Health Services Division. The non-proprietary personal care homes in Brandon are the responsibility of the Long Term Care Branch.

The Winnipeg office is responsible for all rural health care facilities in the Eastman, Interlake and Parklands Regions, except for the proprietary personal care homes and non-proprietary free standing personal care homes south of Highway #1 in Eastman Region which remain with the Long Term Care Branch.

Plans for decentralizing services of the Emergency Health and Ambulance Services Branch include the transfer of an Emergency Health Officer to Minnedosa who will be responsible for the Westman and Parklands Regions.

URBAN HOSPITAL COUNCIL

The Urban Hospital Council was formed in February 1991 in response to challenges facing health care facilities and government in providing cost effective health care services. The Council provides an opportunity for urban hospitals to contribute to better, more effective and affordable health services by participating in a meaningful way in the process of change and improvement.

The Council is comprised of the Chief Executive Officers of the Winnipeg and Brandon hospitals and representatives from community health services, The Manitoba Health Organizations, Inc. and Manitoba Health. Council members are experienced, knowledgeable health care service representatives who are functioning in a broader role than representing their respective organizations. The role of the Council is to advise the Minister on specific issues and to liaise and coordinate efforts undertaken by the hospitals and government.

It is also the function of the Urban Hospital Council to assist the Province of Manitoba in achieving its "Goals for Health and Health Care". The Council's written goals reflect this and as a result, the issues being addressed by the Council are extensive and complex. The Council made recommendations regarding plans and priorities for programs and services with appropriate consideration of resource allocation and reallocation. A major emphasis of the recommendations was redirecting resources to the most appropriate level of service delivery, considering quality and cost. In addition, services are to be patient friendly and located as close to the patient as is appropriate. The Council emphasizes programs and services as a measure of patient care rather than the previously used measure of bed numbers.

The scope of the issues addressed by the Council created a need for input by many different individuals and groups in the health system. Therefore, a wide consultation process has been developed through working groups which involve health care professionals, other experts and community groups. During the first year, the Council has investigated many issues and many recommendations are being forwarded for decision by the Minister of Health.

A similar organizational structure is being developed for rural facilities. The Rural Health Council will consist of representatives from all regions of Manitoba, provide advice to the Minister of Health regarding rural health issues and operate in a manner similar to the Urban Hospital Council.

HEALTH ADVISORY NETWORK

Steering Committee Members:

Dr. A. Naimark, Chair - (to June 30, 1991)
Dr. J. Wade, Chair - (from July 1, 1991)
Dr. J. Armstrong
Mr. J. Bulman
Ms M. Chown
Mr. L. Desjardins
Ms E. Giffin
Dr. H. Glass
Mr. J. Green
Mr. M. Jones
Mr. F. Maynard
Ms M. Murray
Sr J. St-Yves
Mr. L. Shelvey
Mrs. F. Zaharia

Mr. B. Gudmundson - Secretary

The Health Advisory Network was established in January 1989 to review selected health care topics and report to the Minister of Health. The mandate of the Health Advisory Network calls on it to act as a "window" into the health services community in Manitoba. It was asked to assemble groups of leading individuals to work as members of task forces which would examine various aspects of the health services system and provide the Minister with recommendations for reform of health services in Manitoba.

During 1991/92, the Health Advisory Network was transferred to the Manitoba Health Services Commission.

The terms of reference of the Steering Committee are:

- to undertake such investigations and analyses of specific issues in the organization, administration and financing of health services, as may be referred to the Committee by the Minister or as the Committee may deem appropriate, and to report to the Manitoba Health Services Commission;

- to establish task forces and to use such other means as may be deemed appropriate by the Committee for the purpose of undertaking investigations and analyses required by the Committee in order for it to tender soundly-based advice; and,

- to inform both the general public and the health services community about matters being addressed by the Health Advisory Network.

The members of the Steering Committee were invited to serve on the basis of their individual background and experience in all aspects of health services. They are serving as individuals rather than as representatives of any group within the health services community.

The Steering Committee has established 10 task force groups to date to prepare recommendations on specific health service issues. Each task force establishes its own

working procedures and discusses its recommendations with those most directly affected before reporting to the Steering Committee. The first Final Report (the Extended Treatment Bed Review) was presented in June 1990.

During 1991/92, nine task forces proceeded with their work. As their preliminary findings and recommendations were documented, the Steering Committee released interim reports and called for public responses. The public responses were examined by the respective task force before each report was finalized. The task forces and their activities as of March 31, 1992 are as follows:

	Task Force	Activity Status
1.	Winnipeg Hospitals Role Definition Report A: Obstetrics Services	Interim Report released in June 1991.
2.	Teaching Hospitals' Cost Review	Consultation underway with other Canadian Teaching Hospitals regarding the initial findings.
3.	Health Services for the Elderly	
	Report A: Health Promotion Report B: Health Prevention Report C: Housing & Home Care	Final Report on "A", "B" and "C") pending.
	Report D: Services for the Cognitively Impaired	Interim Report " D" released in October 1991.
4.	Northern Health Services	Interim Report released in October 1991.
5.	Rural Health Services	Final Report pending.
6.	Health Promotion "Choices for a Healthy Future"	Interim Report released in April, 1991.
7.	Health Information Systems	Final Report pending
8.	Alternative Health Services	
	Report A: Palliative Care	Interim Report released in April 1991.
	Report B: Ambulatory Care	Interim Report released in July, 1991.
	Report C: Midwifery	Interim Report released in October, 1991.
9.	Rural Extended Treatment Bed Review	Review process started in June 1991. Public meetings held January - March, 1992.

FINANCIAL AND MANAGEMENT SERVICES DIVISION

The Financial and Management Services Division is responsible for finance, administration, human resources, and information systems functions for both the Manitoba Health Services Commission and Manitoba Health.

Prior to 1991/92 a number of parallel but separate financial and administrative functions were maintained for the Manitoba Health Services Commission and Manitoba Health. These included finance, administration, and human resource functions. As a part of the strategic re-structuring process for 1991/92 functions for the two responsibility centres were amalgamated. The Health Information Systems Division of the Commission, which had been providing service to both the Commission and the Department since 1986, now became a branch in this division. Internal Audit staff from the Commission were transferred to the Evaluation and Audit Secretariat.

In February of 1992 the Funded Health Services Accountability Bureau was established as a part of this division to strengthen Manitoba Health's comptrollership function. It was established in response to real and perceived funding policy gaps and inconsistencies, and a concern that public funds be adequately accounted for throughout the system. The Bureau's specific assignment is to develop and then ensure the application of standardized funding and reporting guidelines across the health care system. In 1991/92 work began on documenting existing regulations, policies and guidelines in effect across the system for funding and for financial reporting of non-government organizations.

FINANCE AND ADMINISTRATION

In 1991/92 the integrated Finance and Administration Branch was responsible for managing the internal financial affairs of the Manitoba Health Services Commission and Manitoba Health. This Branch was also responsible for the administration of funding to community health agencies and the coordination of administrative support services to meet internal operating requirements. The provision of library services and distribution of audio visual material, pamphlets and posters to meet health education requirements was also handled by this Branch.

The actual physical amalgamation of the Manitoba Health Services Commission and Manitoba Health finance and administration staff took place with the relocation of Departmental budget, administration and accounting staff to 599 Empress Street in January of 1992.

Finance and Administration staff provided integrated financial planning, comptrollership, budgetary and accounting services including the preparation of the Commission's Annual Financial Statements. Financial systems, policies and procedures were developed which reflected the integrated structure. As of January 1992 operating expenditures of the Manitoba Health Services Commission were processed through the provincial voucher accounting system under Manitoba Finance. Expenditures for insured health services continued to be paid out of The Manitoba Health Services Insurance Fund.

In 1991/92 Program Budget and Financial Review staff prepared consolidated Estimates documents and related financial reports which reflected further re-structuring of appropriations in the Expenditure Estimates for 1992/93.

The Finance and Administration Branch also had extensive involvement in the drafting of amendments to legislation necessitated by the reorganization of the Ministry.

Responsibility for the Commission payroll functions was transferred to the Human Resources Branch effective with the first payroll in January 1992.

Finance and Administration coordinates administrative support services including space management, contract administration, liaison for the Department for insurance risk management, and administration of the Departmental fleet vehicle and parking program. Responsibility for handling requests under The Freedom of Information Act was amalgamated under the Management Information Systems Section.

The Agency Relations Section conducted the annual reviews of funding requests and recommended funding for 64 agencies. Consultation on the funding approvals for some organizations which were primarily funded through the Manitoba Health Services Commission was strengthened to enhance the coordination of the funding process.

The Commission's library remains at 599 Empress Street as of March 31, 1992; however planning is underway to move and integrate the collection with the Health Information Resource Centre located at 880 Portage Avenue. Meetings with staff located at 599 Empress Street proceeded to ascertain continuing requirements and to discuss proposed service enhancements.

HUMAN RESOURCES

The role of the Human Resources Branch is to provide effective and efficient human resource management programs and services. These must conform to government policy, legislation and collective agreements, and support stated departmental goals and objectives.

At March 31, 1992 the Commission employed 567 people, compared to 748 on March 31, 1991. The significant change in employee numbers occurred as a result of the staff year transfers associated with the integration with Manitoba Health, primarily within the Financial and Management Services Division. Integration will continue with additional staff year transfers in the new fiscal year.

The Human Resources Programs Section of the Commission was integrated with the Human Resources Branch of Manitoba Health effective April 1, 1991. Effective January 1, 1992, a second major change was implemented with the transfer of payroll functions from the Commission to Health Human Resources. All payroll functions for Civil Service employees formerly provided by the Commission are now processed through the Manitoba Finance Payroll.

The Branch continues to provide a wide range of human resource services to management and employees throughout the Department and the Commission, including recruitment, classification, labour relations, pay and benefit administration, training and development, and general human resource administration consultation.

Affirmative Action continues to be emphasized in all human resource activities. There has been a steady increase in the representation of Native, disabled and visible minority target group members within the Commission's staff complement. Career development opportunities for clerical and secretarial staff continue to be implemented through job

rotation, acting status, special assignments and appropriate training. Participants in the Executive Development for Women Program are obtaining the necessary skills and experience to become competitive for more senior job opportunities.

During the 1991/92 fiscal year, the Commission provided opportunities for work experience to 13 individuals enrolled in business skill secretarial programs and vocational training centres. Sponsoring agencies included Red River Community College, St. Laurent College, Winnipeg School Division, Manitoba School for the Deaf, and St. James Industries. Students received training while providing assistance to several divisions/sections within the Commission including Insurance, Long Term Care Programs, Emergency Health and Ambulance Services and Human Resources. Subsequently, one person was placed in a term position.

In the summer of 1991, the Commission employed 11 students through the Student Temporary Employment Program (STEP). All worked on health related projects at the Cadham Provincial Laboratory.

HEALTH INFORMATION SYSTEMS

The organizational changes at the corporate level had minimal organizational impact on Health Information Systems. In November 1986, the Systems Planning and Computer Services Branch of Manitoba Health was transferred to the Commission and incorporated into the Health Information Systems Branch.
As a result of this consolidation, the Health Information Systems Branch is responsible for providing systems and related services to satisfy the information requirements of the Manitoba Health Services Commission and Manitoba Health. The Branch is comprised of the following three sections to carry out its mandate: Computer Services, Management Information Systems, and Integrated Health Systems.

Computer Services

The Computer Services Section provides information systems and related support services to all divisions of the Commission and Manitoba Health. This includes Cadham Provincial Laboratory as well as regional operations, central program directorates and administrative offices of Manitoba Health. The section also provides consulting services to management on computer related matters. During 1991/92, Computer Services staff:

- continued to provide support to over 30 computerized systems within the Commission and Manitoba Health, including the processing of claims insured under the Manitoba Health Insurance Plan;

- continued support of existing and new personal computer installations to facilitate end-user computing and office automation within the Commission and Manitoba Health;

- established a user support function to provide operational system support to practitioners submitting claims using electronic media;

- expanded the use of the Health Provincial Communications Network to provide access to the Commission's decentralized offices in Morden and Flin Flon. As well, more access points were provided to enhance the delivery of such systems as the Manitoba

Support Services Payroll and the Manitoba Mental Health Management Information Systems;

- completed the installation of the Mental Health Management Information System in mental health centres and all of the regional offices;
- completed the implementation of the Cadham Laboratory System (serology);
- completed the development of a waiting list system for personal care homes in the Winnipeg Region;
- completed a neonatal system for the Cadham Provincial Laboratory;
- continued activities on other information systems including:
  - retrofitting and re-engineering the Medical Claims Processing System and
  - the Continuing Care Management Information System.

The ongoing expansion of computer telecommunications within Manitoba Health as well as the enhancement of data exchange between the Commission and health facilities and health providers continued to be an important thrust during the year. The volume of medical claims submitted via electronic media continued to show increases in 1991/92 as a result of continued close cooperative work with interested physicians.

Management Information Systems

The Management Information Systems Section is responsible for the provision of analytical services to all divisions of the Commission and Manitoba Health, as well as for the compilation and circulation of statistical information on health services utilization and population.

The Section provides analytical consulting services, and reviews and evaluates the process of accumulating population and health statistics to maximize their relevancy to the growing demand for information by the Commission, Manitoba Health, other departments of the Manitoba Government, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, and health researchers. The section publishes an annual statistical report and is responsible for the statistical portion of this report. Staff also prepare quarterly statistical bulletins for Manitoba Health and the statistical section of the annual report of Manitoba Health.

The section develops/provides and maintains administrative systems and procedures to assist in the delivery of health programs. This includes coordination/preparation of forms and administrative procedure manuals for internal use and of user manuals for external service providers, as well as preparation of public information brochures on the Commission's programs. The section also ensures that manual and automated procedures in these programs are properly integrated.

The section coordinates and administers the Commission's and, as of August 1991, Manitoba Health's Records Management program relative to storage, retrieval, scheduling and destruction of corporate records. As well, the coordination of the Commission's micrographic records used throughout the organization is a responsibility of the section.

The Commission's legislative proposals and amendments to Acts and Regulations are coordinated by this section in liaison with Manitoba Justice. A major undertaking during the 1991/92 fiscal year was coordinating the drafting of amendments for The Health Services Insurance Amendment and Consequential Amendments Act. This Amendment Act deals with the many amendments required to The Health Services Insurance Act as well as to sixteen other Manitoba Statutes as a result of the reorganization of Manitoba Health and the Manitoba Health Services Commission in 1991/92.

Section staff coordinate the Commission's and, as of January 1, 1992, Manitoba Health's responses to requests received for release of information under The Freedom of Information Act. During the fiscal year 1991/92, twenty-six applications under this Act were processed.

Integrated Health Systems

The Integrated Health Systems Section is responsible for ongoing administration of the health information system components of the Strategic Investment Agreement negotiated between the Manitoba Government and Unisys in 1986. As well the section provides consultative services on information technology initiatives, including funding issues and data exchange requirements between Manitoba Health and health care facilities.

HOSPITALS AND COMMUNITY HEALTH SERVICES DIVISION

Hospital and regional health services, capital construction, emergency health and ambulance services, and laboratory and imaging services have been integrated under this division.

EMERGENCY HEALTH AND AMBULANCE SERVICES

EMERGENCY HEALTH SERVICES

The Emergency Health Services Section is responsible for the ongoing development of a comprehensive disaster response plan, and the coordination of provincial health responses to any emergency or disaster situation which may compromise the health and well-being of the population.

In the last year, Emergency Health was called on numerous times to provide assistance in emergency situations. These requests have been for assistance in such events as evacuations due to fires, chemical contamination, and the coordination of Manitoba Health's response to the evacuation of St. Lazare due to a train derailment.

Emergency Health provides assistance to the various divisions of Manitoba Health and to hospitals, long term care facilities, ambulance services and municipalities in the development of their respective emergency plans. Emergency Health also helps these agencies exercise their respective emergency plans by assisting in organizing and providing critiques of mock disasters. These exercises involve other municipal (ie. local fire and police) and provincial (ie. Manitoba Emergency Measures Organization, Fire Commissioners Office etc.) agencies. During the last year, 14 such exercises were held in the province.

To help the province be better prepared for major disasters, Emergency Health Services is responsible for a stockpile of approximately $4.5 million worth of federal emergency health supplies. These supplies range in size and contents from first aid supplies to complete 200 bed hospitals pre-packed and pre-positioned at approximately 70 locations across the province.

Emergency Health offers various training programs for facilities. In cooperation with the Provincial Emergency Measures Organization, eight training programs were provided for approximately 150 individuals in Emergency Planning. In cooperation with the Emergency Services Division of Health and Welfare Canada, additional training is provided at the Canadian Emergency Preparedness College in Arnprior Ontario. These training programs are filled with selected candidates from each province. The programs provide training in Emergency Health Planning, Hospital Emergency Planning, and Mass Casualty Triage. During the last year Emergency Health Services has filled 24 seats on such programs with candidates from various health agencies in Manitoba.

EMERGENCY AEROMEDICAL SERVICES - LIFEFLIGHT AIR AMBULANCE

Lifeflight provides safe emergency aeromedical transportation for seriously ill and injured Manitoba residents from rural and northern Manitoba to Winnipeg referral centres. During 1991/92 Lifeflight transported 627 seriously ill patients.

The Lifeflight Program serves all areas of the province; all Manitoba residents are potentially eligible. The primary role is to provide safe, long distance interfacility transport of the seriously ill and injured within the province. Lifeflight serves as an extension of the tertiary health centres by the addition of Emergency Intensive Care specialists for in-province aeromedical transport and consultation. A suitable aircraft is also provided for transportation of eligible Manitobans to health care facilities outside of the province to obtain care unavailable in the province.

Evaluation of the Lifeflight Program by the communities served, confirms the service is essential, efficient and of superior quality. The addition of 24 hour physician services is considered to be a significant improvement as it allows the expert care required by the critically ill patient to be delivered, and reduces the drain on the limited community resources.

The Medical Director monitors the quality of medical care being delivered. The Manitoba Ambulance Services Medical Advisory Committee reviews medical protocols, training and service issues. The Manitoba Ambulance Services Administrative Advisory Committee is consulted on administrative matters. The Aeromedical Transport Advisory Committee was formed in early 1990 to review and advise the Manitoba Health Services Commission on aeromedical transport in Manitoba, including the Lifeflight Program. Nursing care standards are evaluated by the Lifeflight Supervisor through chart audit procedures.

Lifeflight is staffed by six specially trained flight nurses with experience in critical care and emergency nursing. These nurses also have extra training which includes altitude physiology and the effects of flight on patients, Advanced Cardiac Life Support Certification, ground school and aircraft safety, restricted radio operator's license, survival skills and ambulance skills training.

The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specially equipped for emergency patient care. Some 45 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions. Many other communities can receive service through "rendezvous" arrangements at nearby airfields. The aircraft is operated by the Manitoba Government Air & Radio Branch. Ten skilled pilots with northern flying experience, aeromedical training, and Basic Cardiac Life Support Certification provide the required dual pilot coverage 24 hours a day. The Lifeflight Program is regarded as one of the best emergency aeromedical transport programs in Canada.

EMERGENCY MEDICAL SERVICES (LAND AMBULANCE)

The Emergency Medical Services Program provides two types of financial grants to ambulance services. One of these is the per capita grant assistance program which subsidizes municipal governments in operating local ambulance services. One hundred eighty-five municipalities and towns, 19 local government districts, four Northern Affairs communities and one provincial government department participate in ambulance programs. The municipal per capita grant, totalling $2.3 million in 1991/92, may be

applied towards subsidizing operating costs or purchasing ambulance vehicles and equipment.

On March 23, 1989 the Minister of Health announced a second, additional provincial ground ambulance funding program based on a more equitable funding formula. $1.9 million was provided in 1989, with additional funding of $950,000 allocated for both 1990 and 1991. These funds are paid directly to provincial ambulance services and assist with operational and capital costs. The direct ambulance grant has enabled services to develop the most appropriate level of service to meet the communities' needs. It has already contributed to more advanced training, more up-to-date equipment and newer vehicles. In 1991/92, some 1,483 licensed ambulance attendants or driver/attendants operated 136 ambulances in 89 services throughout the province. They attended approximately 70,717 calls for service.

Each ambulance service and all ambulance attendants and/or driver/attendants are licensed by the Manitoba Health Services Commission. Ambulance vehicles and equipment are inspected on a regular basis to ensure compliance with provincial standards. The majority of attendants and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have proprietary ambulance services.

The Manitoba ambulance service training program for ambulance personnel has now certified in excess of 2,000 people at First Responder level; of these, approximately 886 are presently active. The First Responder Program, a 90-hour skills oriented package, was developed and is coordinated by Commission staff. It is delivered throughout the province by 107 certified community volunteer instructors. The Commission is also assisting in training First Responders through the University of Winnipeg, the Winnipeg Fire Department and the provincial Fire Commissioner's Office.

The Emergency Medical Attendant I training level is a 180 hour instructional program over and above the First Responder level. Selkirk, Brandon, Flin Flon, Pine Falls, Pinawa and Winkler presently operate services with E.M.A. I trained staff.

The Commission has trained 16 Emergency Medical Attendant I Instructors and certified 250 personnel to the more advanced E.M.A. I providers. They function in a number of communities throughout Manitoba. Winnipeg has 100 Emergency Medical Attendants I and Emergency Medical Attendants II trained by the City in programs recognized by the Province. An E.M.A. examination team has been formed to provide objective practical skill evaluations of all E.M.A. candidates.

Additional training modules have been developed and are accessed through a local ambulance medical director to further train ambulance attendants. These include the Intravenous Maintenance and the Semi-Automatic External Defibrillator programs. Seminars are held as required to update and recertify the large instructor network. A Casualty Simulation program is also offered by the province. This program trains individuals to make mock up patients with lifelike injuries for disaster exercises and ambulance training.

An Ambulance Coordinators Training Seminar is held annually with over 100 ambulance coordinators and local ambulance committee members attending. This conference provides administrative and management training to professional and volunteer ambulance coordinators.

Ambulance service training is reviewed and approved by an Ambulance Services Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide ambulance care providers in critical care situations. A First Responder/E.M.A. Advisory Committee provides suggestions on implementing the program directives proposed by the Medical Advisory Committee. The Ambulance Services Administrative Advisory Committee reviews and advises on administrative policy matters and regulatory proposals. It includes rural, urban and allied interest group ambulance service administrative representation.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The Northern Patient Transportation Program subsidizes costs for medically necessary transportation initiated in the areas designated as remote/northern Manitoba. Since October 1, 1988, the legislative mandate providing for this Program has been under The Ambulance Services Act. Travel must begin above the 53rd parallel on the west side of Lake Winnipeg or above the 51st parallel on the east side of that lake. In 1991 Matheson Island was added for the periods of spring thaw and winter freeze up.

The population within this catchment area is approximately 77,000 people. Residents who must access treatments not available in the Northern communities, or who must obtain care in a tertiary hospital in Winnipeg, or who must access physicians/specialists not available in their home community, create a significant demand for elective transport. The Northern Patient Transportation Program addresses these needs by providing a subsidy for patient travel, and for the qualifying medical care and assessments identified in the Northern Patient Transportation Program Administrative Manual. Under the elective portion of the Program travel by physicians who conduct clinics and treatments in the north is subsidized.

Elective transportation is administered by regional hospitals located in Thompson, Flin Flon, The Pas and Churchill; each retains a transportation officer to oversee the issuance of travel warrants in its region. The qualifying communities on the east of Lake Winnipeg are an exception to this as their coverage is administered directly by the Manitoba Health office in Flin Flon.

Where a patient's condition is acute or severe, an "emergency" program is also available to subsidize expenses for transportation when charter aircraft, family vehicle or ground ambulance are required.

The Northern Patient Transportation Program is assisted by an active Advisory Committee comprised of representatives from the Manitoba Health Organizations, Inc., the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Northern Medical Unit, the social work departments of the tertiary care hospitals, and representatives from the four northern hospitals which operate the elective program. The Advisory Committee provides advice to Manitoba Health on the policies affecting the program.

On July 7, 1991 a transportation charge of $50.00 was introduced for patients receiving benefits from the elective component of the program. The $50.00 charge does not apply to qualifying residents of the North who require transportation for a medical emergency or for those patients who must travel for extended repeat treatments.

CAPITAL PLANNING AND CAPITAL CONSTRUCTION

The capital planning and capital construction functions of the former Construction Programming Division of the Commission became separate branches in the re-organization of the Department of Health. The Capital Planning Branch reports to the Assistant Deputy Minister, Healthy Public Policy Programs Division. The Capital Construction Branch reports to the Associate Deputy Minister, Hospitals and Community Health Services Division.

CAPITAL PLANNING

The Capital Planning Branch retains its traditional responsibilities for the front-end of the construction planning process, but set within the policy environment of Healthy Public Policy Programs Division, enlarged its responsibilities and scope of impact. The Branch is now responsible for providing direction and coordinating the processes that develop and maintain the Province's health care infrastructure in a manner which is responsive to future needs, reflective of current and projected standards and methods of care and care delivery, and managed within the fiscal and social realities of the Province.

In 1991/92, 47 of the 103 projects in the Capital Program had a planning relationship with the Capital Planning Branch. These projects vary in scope and complexity and included replacement of the Red Cross Building, redevelopment of the Health Sciences Centre, and renovation and expansion of Eastgate Lodge in Beausejour.

In addition, the Branch has launched major reviews to determine the future role of and volume of services at the Health Sciences Centre and the Manitoba Cancer Treatment and Research Foundation, and has published its Annual Rural District Analysis (a planning tool for resource distribution in rural Manitoba).

CAPITAL CONSTRUCTION

The Capital Construction Branch has two areas of primary responsibility; Design/Construction and Capital Finance.

The Construction Section is staffed with professionals in engineering, architecture and construction management. They monitor and review the design and construction activities including new construction, major renovations, and extraordinary and preventive maintenance.

The Capital Finance Section is responsible for budgets and scheduling, and for approval of construction funding. Staff of this section also establish interim and long-term financing, ensure the orderly repayment of capital debt and audit construction projects.

During 1991/92, 14 major construction projects were completed at a cost of $59,797,000, as well as 33 safety and minor regeneration projects at a cost of $2,252,127.

The completed projects include:

- A new 60 bed personal care home at Portage la Prairie.
- A 25 bed addition to the 60 bed personal care home at Dauphin.
- A 30 bed addition to the 30 bed personal care home at Roblin.

- A new 27 bed acute care hospital to replace the time-expired hospital at Minnedosa.
- Renovations of the South Pavilion at Deer Lodge Centre to provide 60 personal care beds on a temporary basis.
- Expansion and upgrading of the Golden West Centennial Lodge to provide 116 personal care beds.
- Replacement of the exterior brick and windows of the nurses' residence at Grace General Hospital.
- Upgrading and expansion renovations at the Health Action Centre Clinic.
- Operating room #10 upgrading and equipping at Health Sciences Centre.
- The first two stages of renovations for Ambulatory Care clinics at Health Sciences Centre.
- The upgrade and equipping of the Adult Angiography suite at Health Sciences Centre.
- The expansion and renovation of the Intermediate Care Nursery at Health Sciences Centre.
- Construction of a new dietetics and stores facility for Misericordia General Hospital.
- The addition of 27 personal care beds to the Sharon Home.

Construction has continued and new projects were initiated during the year on another 18 major projects costing a total of $159,091,000. These projects include:

- Upgrading the dietary facilities at Third Crossing Manor in Gladstone.
- Completion of the 10 bed hospital and 14 bed personal care home addition at Vita.
- A new 70 bed personal care home to replace the existing 50 bed time expired hostel at Swan River.
- Final completion of the Public Health Building at Thompson General Hospital.
- Building maintenance upgrade for the Ultra-sound facilities at Brandon General Hospital.
- A new 24 bed personal care home with clinic and health department facilities in Elkhorn.
- Building and life safety systems upgrade at Morley House in Shoal Lake.
- Building and life safety systems upgrade at West-Man Home in Virden.
- Addition of 60 Chronic Care beds at Concordia Hospital.
- The third and final stage of renovations for Ambulatory Care clinics at Health Sciences Centre.
- The new 113 bed psychiatric centre to replace the time expired facilities at Health Sciences Centre.
- A link between the Holy Family Personal Care Home and an elderly person's housing unit.
- An upgrade and expansion to increase the personal care beds at Middlechurch Home.
- Redevelopment and expansion of the Operating Rooms and Laboratories at St. Boniface General Hospital.
- Installation of a new Linear Accelerator for cancer treatment at St. Boniface General Hospital.
- Various facility upgrade projects for maintenance at St. Boniface General Hospital.
- Various mechanical and systems upgrades at Victoria General Hospital.
- Major expansion and upgrading of the diagnostic, emergency and outpatient areas of the Grace General Hospital.

LABORATORY AND IMAGING SERVICES

The Laboratory and Imaging Services Branch provides diagnostic and public health services to the citizens of Manitoba. The Branch comprises two main components: the Cadham Provincial Laboratory (CPL) in Winnipeg and the Laboratory and X-ray Unit System (LAXUS) throughout rural Manitoba.

The Cadham Provincial Laboratory

The Cadham Provincial Laboratory has served Manitobans as their public health laboratory since 1897. It also provides a range of diagnostic services to Manitoba and regional physicians, together with reference and consultative services to other medical laboratories. Furthermore, staff conduct relevant research projects, and play a large role in the education of health care professions in areas within their expertise.

Some of the more noteworthy activities or changes during this fiscal year were:

1. The move towards computerization of serology reports

   This project, which has been in development for some time, is now ready to go on-line at the beginning of the 1992/93 fiscal year. It will greatly improve the ability to report quickly and effectively the many results generated in the largest section within the Cadham Laboratory.

2. The increased workload generated by the E. coli outbreak in Arviat, Northwest Territories.

   The Clinical Microbiology Section processed in excess of one thousand specimens from this outbreak. In addition, several foods and other specimens were processed in the Environment Microbiology Section.

3. A marked increased in specimens for HIV testing.

   This may be the result of increased public awareness of AIDS.

Laboratory and X-ray Services

The Rural Laboratory and X-ray Unit System (LAXUS) is involved in the delivery of laboratory, radiography, electrocardiography and ultrasound services at 74 hospitals in Manitoba. Full services are provided in 49 hospitals by Laboratory and X-ray staff. Seven other hospitals are served regularly on a visitation basis. Fourteen more hospitals hire their own technologists, but otherwise relate to the Laboratory and X-ray Services as if it was in charge of their Diagnostic Services. A final four hospitals hire their own staff and purchase their own resources, but use LAXUS for consultation, supervision, education, and quality assurance and other regulatory activities.
Some of the major activities in LAXUS were:

1. The thrust toward regionalization precipitated numerous meetings, as well as two retreats at which a Mission Statement, Goals, and a Strategic Plan were developed.

2. The LAXUS Warehouse, which had been supplying rural Laboratory and X-ray Units for more than 25 years was to be officially transferred to Government Services on April 1, 1992. Much preparatory planning to effect this transfer preceded the move.

3. A Kodak Ectachem 500, a dry-chemistry analyzer, and a Coulter Max-M five part differential counter, were installed at the Portage Unit as part of an ongoing process of upgrading existing technologies.

HOSPITALS AND WINNIPEG COMMUNITY HEALTH SERVICES

HOSPITAL SERVICES

As a part of the Department of Health's reorganization, the former Urban and Rural Health Facilities Divisions of the Commission were amalgamated under the new Hospitals and Winnipeg Community Health Services Branch. This component of the annual report covers the functions related to Hospital Services.

Hospital Services has responsibility for recommending funding for Manitoba hospitals, community health centres and related facilities such as the Manitoba Cancer Treatment and Research Foundation as well as the recommending of funding for some juxtaposed personal care homes that have close relationships with rural hospitals.

As of March 31, 1992, Manitoba had a total of 5,466 active treatment beds and 923 extended treatment beds to service a population of 1,133,117; or 4.8 active and 0.8 extended treatment beds per 1,000 population.

Fifty-six percent of the population live in the City of Winnipeg, which has 3,139 active treatment beds and 712 extended treatment beds. There are two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,084 beds, plus two extended treatment centres, one specialty facility for children, and an adolescent psychiatric facility. Excluding the number of patient days in Winnipeg hospitals accounted for by rural Manitobans and non-residents, the combined number of active and extended beds available to Winnipeg residents was 4.9 beds per 1,000 population.

Excluding hospitals located in Winnipeg and Brandon, Manitoba's rural population is served by 69 community and district hospitals ranging in size from under 15 beds to 131 beds, plus two federal hospitals and 18 federal nursing stations.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by Manitoba Health. These consultants cover most aspects of hospital operations including staffing patterns, laboratory and organ imaging diagnostic services, nursing, pharmacy and other support services including administration and finance. They also assist in the planning, development and implementation of programs.

Finance officers review budget submissions and financial and statistical returns, and prepare rate recommendations and year-end settlements.

Hospital Insured Services

Health services provided to persons in hospital as insured services include:

- standard ward accommodation and meals (for preferred private or semi-private bed accommodation a hospital may bill a patient directly);
- necessary nursing services;
- laboratory, radiological and other diagnostic procedures;
- drugs, biologics and related preparations;
- use of operating room, case room and anaesthetic facilities;
- routine medical and surgical supplies;
- radiotherapy, physiotherapy, occupational and speech therapy; and
- other goods and services approved by the Manitoba Health Services Commission.

In 1991/92, insured hospital services cost $ 962.8 million, an increase of 6.0 percent over 1990/91. This covered 1,750,832 insured days for separated patients (1,678,600 for adults and children, and 72,232 for newborns), an increase of 1.5 percent from 1990/91.

Planned expenditures for the year were $956.1 million. The overexpenditure of $6.7 million was due to:

	$000's
. Planned expenditure reduction deferred;	11,538
. Increased out-of-province hospital payments;	2,646
. Delays in new/renovated construction projects and equipment purchases;	(3,786)
. Increased recoveries from other provinces;	(2,727)
. Decrease in interest expense on approved long term borrowing due to declining interest rates, net of other increases.	(961)
	$ 6,710

Community Health Centres

In 1991/92, the Commission continued to fund the operation of eight Winnipeg community health centres and six in rural Manitoba. In addition to providing comprehensive primary health care to their respective clientele or community each centre provides a number of specialty services to specific client groups.

Chemotherapy Outreach Program

The Chemotherapy Outreach Program operates out of designated rural hospitals and consists of trained staff who provide chemotherapy in local communities to patients with cancer thus removing the trauma and expense of having to travel to Winnipeg for treatment. The network of such centres was expanded from seven to nine in 1991 by the addition of units at the Steinbach and Swan River General Hospitals.

Dialysis

In Manitoba, patients requiring chronic hemodialysis may obtain treatment at the Health Sciences Centre, the St. Boniface General Hospital or one of the local centres. The local centres, functioning under the direction of the Health Sciences Centre, are situated in Brandon, Dauphin, Flin Flon, Morden, The Pas and Thompson. Acute hemodialysis is only provided at the two teaching hospitals; the Health Sciences Centre and the St. Boniface General Hospital.

The hope for most dialysis patients is a successful kidney transplant. Manitoba has a successful transplant program which provided transplants for 25 patients in 1989, 41 patients in 1990 and 29 patients in 1991. Transplant potential is based on a number of factors including the availability of donor organs and the suitable matching of recipients.

In 1991/92 additional funding of $1,593.8 was provided to the Health Sciences Centre, St. Boniface General Hospital and local centres.

A new committee called the Provincial Renal Failure Program Committee was formed. The Committee will address issues regarding all dialysis programs and bring forward recommendations for short and long term objectives.

LONG TERM CARE

The Long Term Care Branch of the Continuing Care Programs Division administers the insured Personal Care Home Program and is responsible for planning and developing new programs to meet emerging needs. The Branch approves funding, and establishes and monitors standards for all free-standing personal care homes, the Adult Day Care Program, and the Respite Care Program in personal care homes and Deer Lodge Centre. The Branch also approves funding for Community Therapy Services Inc. and monitors the program.

The Long Term Care Branch is working with sponsors in the planning for construction of three new care homes, totalling 340 beds, to be built in the city of Winnipeg. The branch is also involved in planning for the redevelopment of the Winnipeg Municipal Hospital, which will have 225 personal care home beds and 160 chronic and rehabilitation beds.

With growing numbers of personal care home residents exhibiting degrees of cognitive impairment, planning and design will incorporate special features which will provide a safer, more appropriate environment for future residents.

Personal Care Home Program

Admission to a personal care home is determined by an assessment panel of health professionals which may include a physician, a nurse, a social worker and the Regional Continuing Care Coordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. As of March 31, 1992, 2.9 percent of residents were at level one, the lightest level, 30.9 percent were at level two, 37.2 percent were at level three and 29.0 percent were at level four.

As of March 31, 1992, 51.2 percent of all personal care home residents were over 85 years of age, 20.0 percent were between 80 and 84 years of age, 13.0 percent were between 75 and 79 years of age, 7.4 percent were between 70 and 74 years of age, 3.7 percent were between 65 and 69 years of age, and 4.7 percent were under 65 years of age. There was a 1.7 percent increase in residents over age 85 from April 1991. The average age of personal care home residents is 83 and the average age at admission is 82.

The Personal Care Home Program provides the following insured benefits:

- accommodation at the standard ward level
  meals, including special and therapeutic diets
  necessary nursing services
  routine medical and surgical supplies
  prescribed drugs, biologics and related preparations approved by the Commission
  physiotherapy and occupational therapy services
  routine laundry and linen service
  other goods and services approved by the Commission.

Everyone who lives in a Manitoba personal care home is required to pay a standard daily residential fee. At March 31, 1992 this charge was $24.90 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1991/92 the cost was $232.6 million, an increase of 5.0 percent over 1990/91, for approximately three million resident days in 118 facilities.

Planned expenditures for the year were $247.7 million. The underexpenditure of $15.1 million is due to the following factors:

	$000's
. Delays in new/renovated construction projects, equipment purchases and other costs;	(12,812)
. Savings in the drug program due to various cost saving measures implemented during the year and price increases less than budgeted;	(1,079)
. Employees' disability insurance payments less than budgeted and offset income recoveries higher than anticipated.	(1,215)
	(15,106)

As of March 31, 1992, 33 of Manitoba's personal care homes are in Winnipeg with a total of 4,656 beds, and 85 are in other regions with a total of 3,940 beds.

One new 60 bed home was opened in Portage la Prairie in 1991/92.

Seventeen of Manitoba's personal care homes - twelve in Winnipeg, two in Brandon and three in rural areas - are privately owned and operated. One hundred and one are non-proprietary and are operated by municipal authorities, non-profit religious or charitable groups, and service organizations. One is owned and operated by the provincial government.

Deer Lodge Centre - Neurosupportive Care Unit

The Neurosupportive Care Unit at Deer Lodge Centre was opened in June, 1991, at which time it became "home" for those young (19 years - 59 years) patients who had suffered such severe brain damage that they would permanently require 24 hour professional nursing to assist them in all activities of daily life. For many, this included life support such as tracheotomies and tube feeding. Not all suffered their injuries traumatically, as in a motor vehicle accident; some suffered ruptured aneurysms, falls, assaults, or cardiac arrest. The Neurosupportive Care Unit can accommodate 21 patients.

Neurosupportive care is a philosophical approach to patient care that helps to lessen the ongoing tragedy for the patients and their families. The interdisciplinary team pools its knowledge, expertise and resources adding the perspective of the family and patient to maximize whatever residual abilities exist. To that end, the team identifies the best method of communication, (hand gestures, eye blinks, letter board), and the best seating method to maintain erectness of head and neck and encourage visibility, eye contact and communication. Everything the team does is designed to give the patients a way and a reason to enjoy the few abilities that are left to them.

Neurosupportive care exists under the umbrella of chronic care, and other than nursing has no staff resources dedicated solely to the program. Execution of the philosophy relies on the ability of nursing staff to meet the many and complex needs of the patient without

becoming task oriented, and it relies on the interdisciplinary team members to prioritize and allocate their resources within the entire facility.

Personal Care Home Drug Program

The Personal Care Home Drug Program provides funding for all pharmaceuticals supplied to the residents of personal care homes. Over the past few years changes have been made to this program; the overall objective is to improve drug utilization in the personal care homes and decrease drug costs.

The Personal Care Home Prescribing Guide was introduced in April 1987. The second edition was made available in the spring of 1991. As an additional source of drug information, a newsletter is circulated to the personal care homes, and to the doctors and pharmacists practicing in the personal care homes. This newsletter provides information on specific drugs and specific areas of drug therapy.

The pharmacists are reimbursed for their services on the basis of the cost of the drugs supplied to the homes, plus a capitation fee which was $25.15 per bed per month as at March 31, 1992.

Community Therapy Services Inc.

Physiotherapy and occupational therapy services in most personal care homes are provided by Community Therapy Services Inc. This organization is funded by Manitoba Health. In addition to its Personal Care Home Program, the agency also provides therapy services to rural hospitals and to Home Care clients.

In 1991/92, service was provided to 50 rural hospitals with 58,931 patient attendances and to 83 personal care homes with 11,533 resident attendances.

Adult Day Care Program

Provincial policy for Adult Day Care was originally developed in 1979. Adult Day Care was recognized as a means of providing for recreational, social and peer group interaction which cannot be provided in a person's home through other resources of the provincial Home Care Program. The primary objective is to strengthen the individual's ability to function in the community by preventing physical and mental deterioration which often results from social isolation and loneliness. Most programs are sponsored by and located in personal care homes; the exception are 10 programs which are free standing.

Adult day care programs provide the following:

programmed recreation and socialization
co-ordination and/or provision of transportation
nutritious meals and snacks
availability at least 2 days/week and 4-6 hours/day
use of volunteers in the delivery and enrichment of the program.

In some instances certain other supports may be required. These may include assistance with ambulation and toileting, orientation, etc. The provision of other services offered by the sponsor will be determined by the nature and extent of the sponsor's resources and the identified needs and interests of the individual client.

Total provincial capacity in 1991/92 was 56,333 participant days in 47 programs. In 1991/92 the Adult Day Care Program cost $1,626.4, a decrease of $67.2 from 1990/91.

Respite Care Program in Personal Care Homes

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers periods of planned respite to families by providing dependent relatives with short-term admissions to personal care homes.

At March 31, 1992 there were 42 personal care home sponsors, 19 in Winnipeg and 23 in rural Manitoba. In 1991/92, 552 people used respite beds in 931 separate admissions, for a total of 13,766 days of care.

INSURED BENEFITS DIVISION

The Insured Benefits Division is responsible for the assessment and processing of claims received from practitioners and individuals, complex medical claims and claims for insured services rendered to Manitoba residents in other provinces, territories or countries.

Information on insured services and programs is provided to the public through the distribution of pamphlets, booklets, brochures and posters, and by periodic media advertising campaigns.

The Division determines eligibility for insured services and benefits, and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility For Insured Health Services And Benefits

Most Manitoba residents are entitled to the insured health benefits provided by the Manitoba Health Services Commission.

When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories, establishing permanent residence in Manitoba, must wait until the first day of the third month after arrival to be eligible for all benefits. The exception is residents in a personal care home. During the waiting period, new residents are encouraged to continue with the health insurance coverage plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live or with the Commission.

Residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases, an assessment panel must determine whether or not an applicant qualifies for placement.

In 1990/91, Information Services handled 137,000 telephone inquiries and 59,000 visits at the counter.

Medical Program

The medical program provides insured physician services in health care facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and Manitoba Medical Association. In 1991/92 the Commission processed 8,490,021

physicians' claims. Planned expenditures for the year were $273.2 million. Expenditures for medical, including a year end fee adjustment resulting from an arbitration award, were $261.9 million. The underexpenditure of $11.3 million was mainly attributable to surplus funds from the previous year included in planned expenditures.

Under the inter-provincial reciprocal agreement, Manitoba physicians billed the Commission for 215,635 services, and received payment amounting to $6.2 million for treating residents of other provinces and territories. This amount is fully recoverable by Manitoba from the other provinces and territories.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors and dental surgeons.

Optometric benefits include a complete eye examination, with refraction and prescription, performed annually or as medically required. In 1991/92, the Commission processed 255,989 optometric claims, a decrease of 0.2 percent. The cost of optometric services provided during the year was $6.5 million, an increase of 0.4 percent over 1990/91. Planned expenditures for the year were $6.8 million.

Chiropractic services are insured up to a maximum dollar amount for each individual, for benefits received during a calendar year. In 1991/92, the Commission processed 566,849 chiropractic claims. The cost of chiropractic services provided during the year totaled $9.9 million. Planned expenditures for the year were $9.5 million.

Insured oral surgery services include certain surgical procedures performed by licensed dentists or certified oral and maxillofacial surgeons when hospitalization is required for the proper performance of the procedure. In 1991/92, the Commission processed 3,574 claims for oral surgery totalling $1.1 million, an increase in claims of 1.9 percent and a 1.0 percent decrease in payments from 1990/91.

Ancillary Services

In addition, insurance is provided for a number of ancillary services such as prosthetic and orthotic devices, cleft lip/palate, post mastectomy breast forms and brassieres, hearing aids and orthopaedic shoes for children under 18 years of age, telecommunication devices for the profoundly deaf, eyeglasses for persons 65 years of age and over, artificial eyes, and contact lenses for infants with congenital eye defects.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are insured when prescribed by a medical practitioner. In 1991/92, 20,588 devices and services cost $3.0 million, an increase from 1990/91 of 2.3 percent in the number of devices and services supplied, and an increase of 23.3 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18 years of age. In 1991/92, the Commission processed 1,009 cleft lip/palate claims totalling $120,509, an increase of 41.1 percent over 1990/91 in the number of claims and a decrease of 8.4 percent in the amount paid. The cost of this program is included in the Medical Program under Physician Services.

Post mastectomy breast forms and brassieres costs are insured up to a maximum limit of $148.00 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $11.85 per surgical brassiere, up to a total of two brassieres in each 12 month period, is also provided. In 1991/92, the Commission processed 1,425 claims for breast prostheses and surgical brassieres totalling $150,393, an increase of 3.8 percent in the number of claims and an increase of 12.1 percent in the amount paid over 1990/91.

For children under 18 years of age, the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, to a maximum benefit of $324.00, plus the cost of services related to fitting the devices in excess of a deductible amount of $75.00 every four years. Additional hearing aids may be subsidized, during the four year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1991/92, the Commission processed 96 audiological claims resulting in payment for 154 hearing aids totalling $50,857, a decrease of 14.3 percent from 1990/91 in the number of claims, and a decrease of 6.8 percent in the amount paid.

The cost of orthopaedic shoes is insured for children under 18 years of age. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $26.85 and 50 percent of the cost of shoes for children with different size feet to a maximum benefit of $40.35, and 50 percent of the cost of custom-made shoes to a maximum benefit of $134.50. Up to $5.35 per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1991/92, the Commission processed 572 claims totalling $18,123, a decrease of 19.3 percent from 1990/91 in the number of claims, and a decrease of 4.6 percent in the amount paid.

The Commission insures the cost of telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible of $75.00, to a maximum of $413.00. In 1991/92, the Commission processed 47 claims for such devices totalling $13,949, an increase of 14.6 percent from 1990/91 in claims, and a decrease of 2.8 percent in the amount paid.

The Commission partially insures the cost of eyeglasses for persons 65 years of age and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50.00. In 1991/92, the Commission processed 22,332 claims for eyeglasses totalling $717,500, a decrease from 1990/91 of 2.1 percent in claims, and a decrease of 1.9 percent in the amount paid.

Artificial eyes and related services are insured up to an approved amount. In 1991/92, 188 devices were approved, totalling $35,192, an increase of 13.0 percent over 1990/91 in the number of devices and 18.3 percent in the amount paid. The cost of this program is included in the Prosthetic and Orthotic Devices and Services Program.

Initial fitting of contact lenses for congenital eye disorders for infants are insured up to a maximum of $190.00 for each lens. In 1991/92 seven claims were processed totalling $1,330, an increase of 75.0 percent in claims and 41.5 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1990, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $96.90 in 1991, revised as of January 1, 1992 to $106.60, for families where at least one member was 65 years of age and over; and $171.00 in 1991, revised as of January 1, 1992 to $188.10, where all members of the family were under 65 years of age.

Advice and guidance on the listing of eligible drugs, and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Advisory Committee.

In 1991/92, the Commission's expenditure for Pharmacare was $57.3 million as compared to $49.8 million in 1990/91, an increase of 15.1 percent in the amount paid. Planned expenditures for the period were $56.2 million. Claims processed for the 1991 year were 239,777, an increase of 8.2 percent over the previous fiscal year.

Post mastectomy breast forms and brassieres costs are insured up to a maximum limit of $148.00 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $11.85 per surgical brassiere, up to a total of two brassieres in each 12 month period, is also provided. In 1991/92, the Commission processed 1,425 claims for breast prostheses and surgical brassieres totalling $150,393, an increase of 3.8 percent in the number of claims and an increase of 12.1 percent in the amount paid over 1990/91.

For children under 18 years of age, the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, to a maximum benefit of $324.00, plus the cost of services related to fitting the devices in excess of a deductible amount of $75.00 every four years. Additional hearing aids may be subsidized, during the four year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1991/92, the Commission processed 96 audiological claims resulting in payment for 154 hearing aids totalling $50,857, a decrease of 14.3 percent from 1990/91 in the number of claims, and a decrease of 6.8 percent in the amount paid.

The cost of orthopaedic shoes is insured for children under 18 years of age. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $26.85 and 50 percent of the cost of shoes for children with different size feet to a maximum benefit of $40.35, and 50 percent of the cost of custom-made shoes to a maximum benefit of $134.50. Up to $5.35 per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1991/92, the Commission processed 572 claims totalling $18,123, a decrease of 19.3 percent from 1990/91 in the number of claims, and a decrease of 4.6 percent in the amount paid.

The Commission insures the cost of telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible of $75.00, to a maximum of $413.00. In 1991/92, the Commission processed 47 claims for such devices totalling $13,949, an increase of 14.6 percent from 1990/91 in claims, and a decrease of 2.8 percent in the amount paid.

The Commission partially insures the cost of eyeglasses for persons 65 years of age and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50.00. In 1991/92, the Commission processed 22,332 claims for eyeglasses totalling $717,500, a decrease from 1990/91 of 2.1 percent in claims, and a decrease of 1.9 percent in the amount paid.

Artificial eyes and related services are insured up to an approved amount. In 1991/92, 188 devices were approved, totalling $35,192, an increase of 13.0 percent over 1990/91 in the number of devices and 18.3 percent in the amount paid. The cost of this program is included in the Prosthetic and Orthotic Devices and Services Program.

Initial fitting of contact lenses for congenital eye disorders for infants are insured up to a maximum of $190.00 for each lens. In 1991/92 seven claims were processed totalling $1,330, an increase of 75.0 percent in claims and 41.5 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1990, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $96.90 in 1991, revised as of January 1, 1992 to $106.60, for families where at least one member was 65 years of age and over; and $171.00 in 1991, revised as of January 1, 1992 to $188.10, where all members of the family were under 65 years of age.

Advice and guidance on the listing of eligible drugs, and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Advisory Committee.

In 1991/92, the Commission's expenditure for Pharmacare was $57.3 million as compared to $49.8 million in 1990/91, an increase of 15.1 percent in the amount paid. Planned expenditures for the period were $56.2 million. Claims processed for the 1991 year were 239,777, an increase of 8.2 percent over the previous fiscal year.

STATISTICAL SECTION

Introduction

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Population

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba. Effective April 1, 1989 M.H.S.C. and Manitoba Health regional boundaries are identical. For M.H.S.C., this resulted in the creation of Thompson region out of Norman and the distribution of unorganized territories to their respective regions plus several minor adjustments, affecting other rural regions - Central, Eastman, Interlake, Parklands and Westman. Therefore, historical comparisons of regional data prior to 1989/90 are not possible.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the Plan.

Figures 1 and 2 based on Table 1 illustrate the percentage distribution of the population by health region and by age group respectively.

Expenditures

Table 2A records health services expenditures by program, during the five-year period April 1987 to March 1992. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2B is an index of health services expenditures by program for the years 1987/88 to 1991/92, considering 1987/88 as the base year.

Figure 3 illustrates the health services expenditure index for the years 1987/88 to 1991/92 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Per Capita Costs

Figures 4A to 4D illustrate per capita costs for total insured health, hospital, medical, and personal care home services, for 1987/88 to 1991/92.

Hospitals

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended treatment hospitals.

Table 3 documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents in their own or other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence for 1990/91 and 1991/92.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table 9 which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size, and related health facilities during 1990/91 and 1991/92.

Personal Care Homes

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside of Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home residents by age group, sex, and level of care, as at April 1, 1992.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at April 1, 1992.

Table 7 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1990/91 and 1991/92.

Health Practitioners

Table 8 illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payment over $40,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

Medical Services

Figure 7 illustrates the medical services per capita cost by health region of residence for 1990/91 and 1991/92.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex for 1991/92. The significantly higher cost shown for females in the age group 15-34 reflects service costs related to childbearing.

Table 10 compares the average cost per patient by type of practice from 1987/88 to 1991/92.

Table 11 shows the distribution of costs according to type of medical services and the percentage distribution for 1990/91 and 1991/92.

Average and Median Payments

Table 12A shows the number of medical practitioners with M.H.S.C. payment over $40,000, and the average and median payments by type of practice, for 1990/91 and 1991/92. Reference to the table's footnotes is important for correct interpretation.

Table 12B gives the average and median payments by specialty of practice for 1990/91 and 1991/92 where each type of practice has as its threshold 1/2 the mean of M.H.S.C. payments to all physicians of the bloc. Such a methodology provides an estimate of the number of full-time physicians per bloc.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $40,000, and the average and median payments, for 1990/91 and 1991/92.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1990/91 and 1991/92.

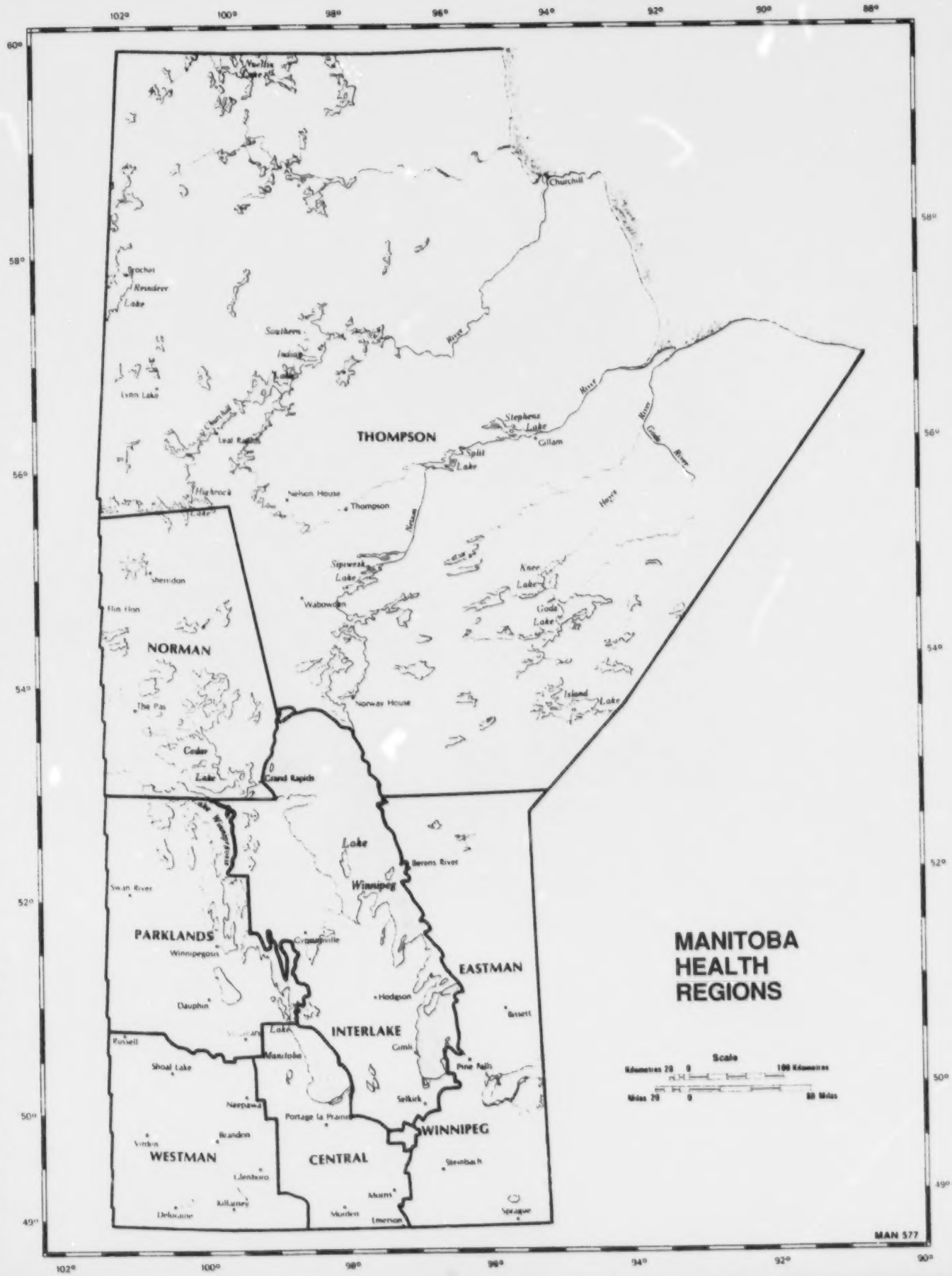

MANITOBA
HEALTH
REGIONS
THOMPSON
NORMAN
PARKLANDS
EASTMAN
INTERLAKE
WINNIPEG
CENTRAL
WESTMAN
Churchill
Thompson
Norway House
Winnipeg
Brandon
Dauphin
Portage la Prairie
Selkirk
Steinbach
Hodgson
Pine Falls
Swan River
Russell
Shoal Lake
Neepawa
Virden
Killarney
Deloraine
Minnedosa
Gimli
Beausejour
Sprague
Emerson
Scale
MAN 577

Table 1
Manitoba Population by Health Region(1), Sex, and Age Group,
June 1, 1991

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,502	7,279	7,255	6,360	4,446	3,717	3,366	2,525	47,450
Female	11,927	6,753	7,198	6,087	4,360	3,885	3,872	3,584	47,666
Sub-Total	24,429	14,032	14,453	12,447	8,806	7,602	7,238	6,109	95,116
Eastman									
Male	11,963	7,010	7,235	6,533	4,488	3,461	2,641	1,689	45,020
Female	11,584	6,393	7,023	6,243	4,102	3,231	2,681	2,039	43,296
Sub-Total	23,547	13,403	14,258	12,776	8,590	6,692	5,322	3,728	88,316
Interlake									
Male	8,900	5,895	5,738	5,710	4,055	3,491	2,698	1,752	38,239
Female	8,299	5,338	5,659	5,441	3,832	3,307	2,899	2,166	36,941
Sub-Total	17,199	11,233	11,397	11,151	7,887	6,798	5,597	3,918	75,180
Norman									
Male	3,329	2,186	2,316	1,975	1,151	834	526	335	12,652
Female	3,281	2,135	2,211	1,703	1,091	735	568	447	12,171
Sub-Total	6,610	4,321	4,527	3,678	2,242	1,569	1,094	782	24,823
Parklands									
Male	5,393	3,518	3,080	3,073	2,404	2,320	2,319	1,728	23,835
Female	5,077	3,048	2,942	2,907	2,266	2,320	2,432	2,281	23,273
Sub-Total	10,470	6,566	6,022	5,980	4,670	4,640	4,751	4,009	47,108
Thompson									
Male	8,826	5,018	4,420	3,061	2,125	1,018	427	253	25,148
Female	8,345	4,763	4,264	2,938	1,714	833	421	260	23,538
Sub-Total	17,171	9,781	8,684	5,999	3,839	1,851	848	513	48,686
Westman									
Male	12,859	8,055	8,586	8,103	5,436	5,423	5,005	3,856	57,323
Female	12,283	7,678	8,688	7,845	5,561	5,541	5,815	5,648	59,059
Sub-Total	25,142	15,733	17,274	15,948	10,997	10,964	10,820	9,504	116,382
Winnipeg									
Male	64,283	45,954	59,870	49,823	31,696	25,765	20,305	12,419	310,115
Female	61,079	46,025	58,622	50,862	32,522	27,866	27,287	23,128	327,391
Sub-Total	125,362	91,979	118,492	100,685	64,218	53,631	47,592	35,547	637,506
Manitoba									
Male	128,055	84,915	98,500	84,638	55,801	46,029	37,287	24,557	559,782
Female	121,875	82,133	96,607	84,026	55,448	47,718	45,975	39,553	573,335
Total	249,930	167,048	195,107	168,664	111,249	93,747	83,262	64,110	1,133,117

(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

Figure 1
Percentage Distribution of Population by Health Region,
June 1, 1991

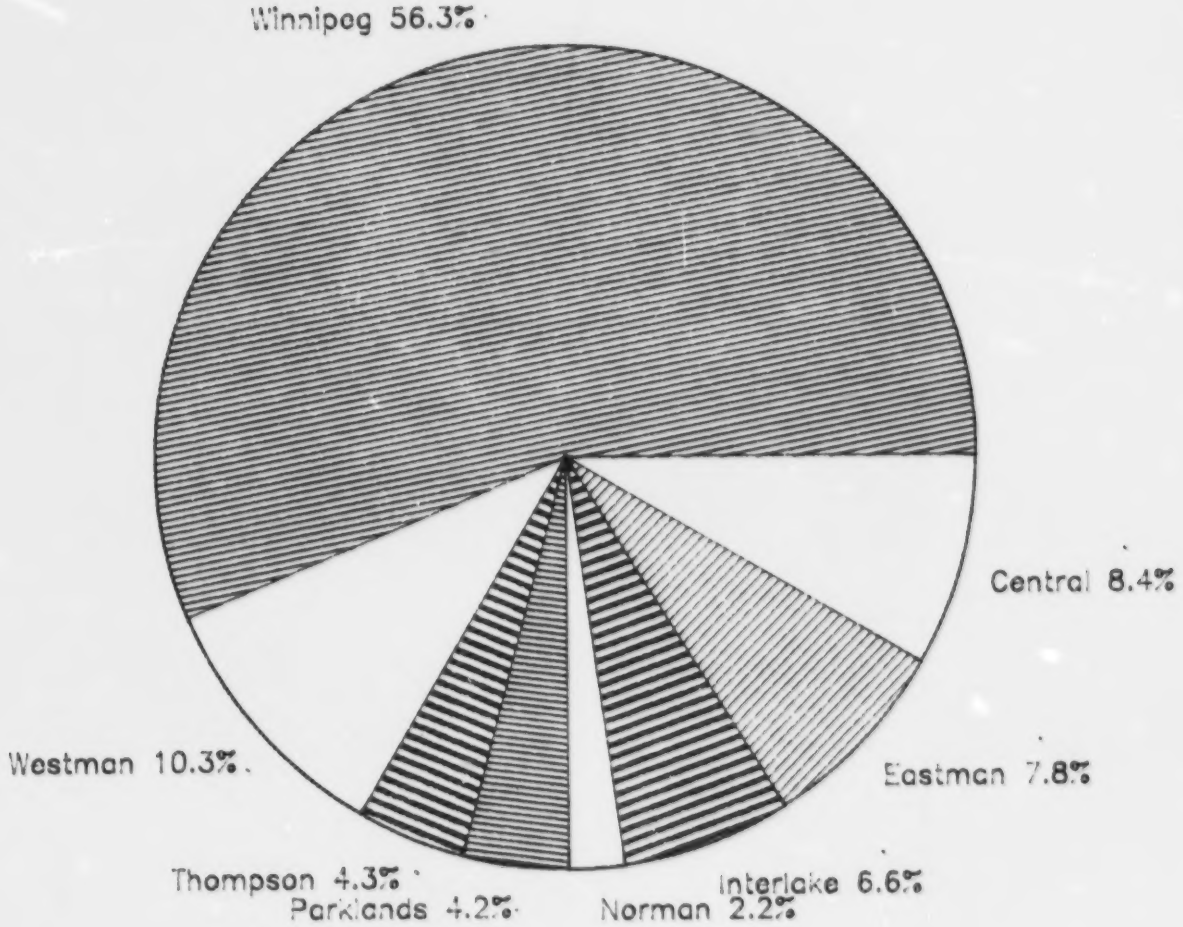


Figure 2
Percentage Distribution of Population by Age Group, June 1, 1991

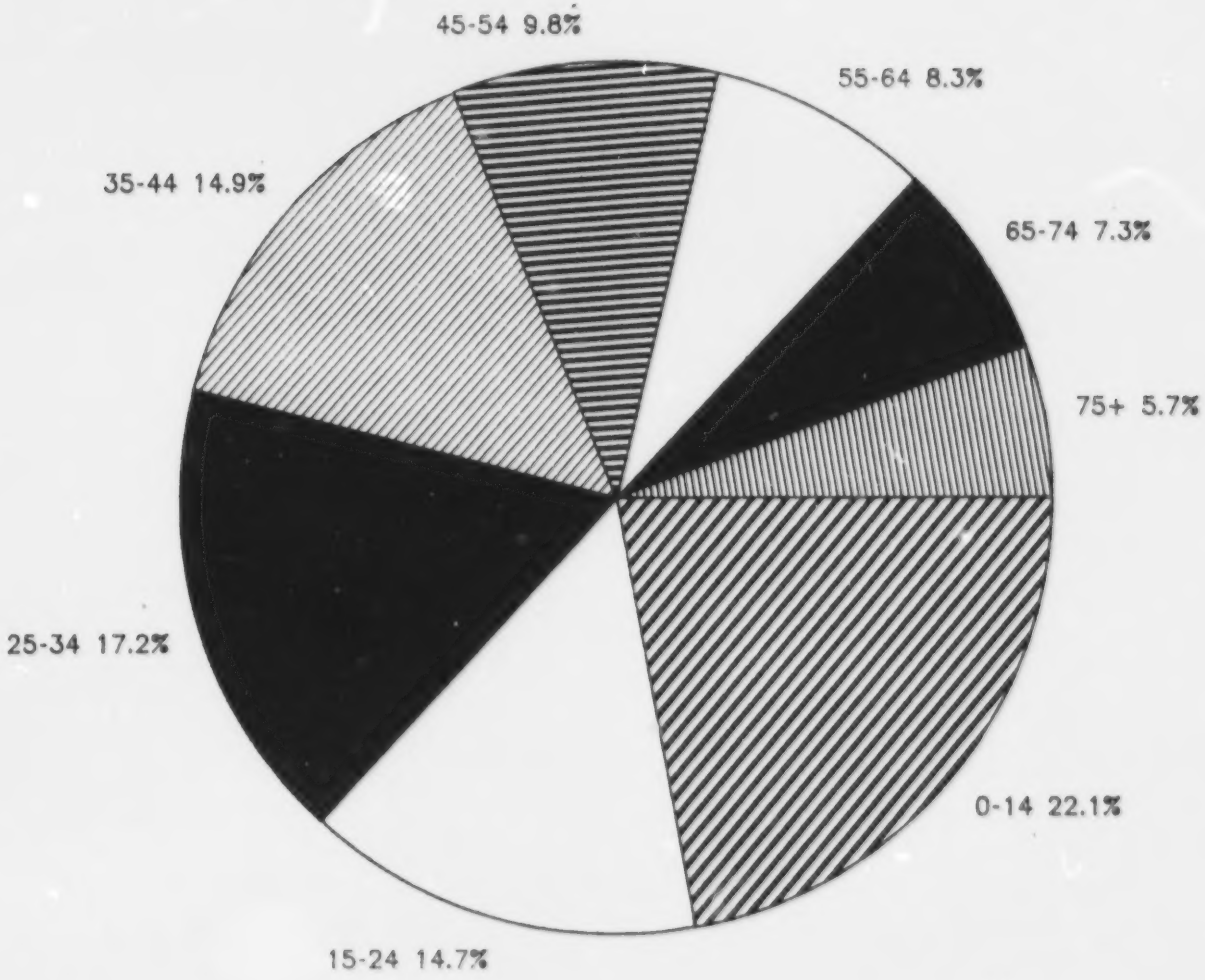


Table 2A
Manitoba Health Services Commission Expenditures,
1987/88 to 1991/92

Services	1987/88 Staff Years	1987/88 $000	1988/89 Staff Years	1988/89 $000	1989/90 Staff Years	1989/90 $000	1990/91 Staff Years	1990/91 $000	1991/92 Staff Years	1991/92 $000
Hospital Services(1)(10)	311.26	735,073	311.26	788,766	311.26	838,769	311.26	908,013	310.26	962,829
Medical Services(2)(9)		226,084 (4)		229,235 (5)		248,077 (6)		254,478 (7)		266,729 (8)
Personal Care Home Services(9)		169,093		189,733		197,743		221,440		232,623
Pharmacare Program(9)		37,428		40,390		44,558		49,818		57,300
Northern Patient Transportation(9)		2,773		2,744		2,817		3,137		2,866
Ambulance Program(9)		2,310		4,199		5,021		5,578		6,281
Air Ambulance Program	7.00	2,742	7.00	3,104	7.00	3,813	7.00	4,355	9.00	2,329
Other Health Services(3)(9)		16,660		17,827		18,405		18,834		20,367
M.H.S.C. Administration	405.00	17,556	405.00	18,595	405.00	19,502	401.00	20,410	249.36	13,936
Total	723.26	1,209,719	723.26	1,294,593	723.26	1,378,705	719.26	1,486,063	569.10 (11)	1,565,260

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilites, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amount includes $1.23 million for the professional liability insurance fund.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amount includes $2.13 million for the professional liability insurance fund.

(6) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amount includes $2.63 million for the professional liability insurance fund.

(7) Includes a 2.56% overall increase in the schedule of fees. The above amount excludes a late adjustment to Psychiatry for a selected tariff and retroactive adjustment to Oral, Dental, and Periodontal Surgery but includes $1.0 million for the professional liability insurance fund.

(8) Includes a 1.6% overall increase in the schedule of fees with the exception of Oral, Dental, and Periodontal Surgery. The amount also includes $2.0 million for the professional liability insurance fund.

(9) Staff years and salaries relating to the program are included in Administration.

(10) Staff years shown relate to M.H.S.C. staff only. Staff employed by health care facilities funded by the M.H.S.C. are not included.

(11) Reduction represents transfer of postions from Manitoba Health Services Commission to Manitoba Health relating to the amalgamation.

Table 28
Manitoba Health Services Commission Expenditure Index,
1987/88 to 1991/92

Services	1987/88	1988/89	1989/90	1990/91	1991/92
Hospital Services (1)	100.0	107.3	114.1	123.5	131.0
Medical Services (2)	100.0 (4)	101.4 (5)	109.7 (6)	112.6 (7)	118.0 (8)
Personal Care Home Services	100.0	112.2	116.9	131.0	137.6
Pharmacare Program	100.0	107.9	119.0	133.1	153.1
Northern Patient Transportation	100.0	99.0	101.6	113.1	103.4
Ambulance Program	100.0	181.8	217.4	241.5	271.9
Air Ambulance Program	100.0	113.2	139.1	158.8	84.9
Other Health Services (3)	100.0	107.0	110.5	113.0	122.3
M.H.S.C. Administration	100.0	105.9	111.1	116.3	79.4
Total	100.0	107.0	114.0	122.8	129.4

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amount includes $2.13 million for the professional liability insurance fund.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialities resulting in a 3.92% overall increase in the schedule of fees. The above amount includes $2.13 million for the professional liability insurance fund.

(6) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amount includes $2.63 million for the professional liability insurance fund.

(7) Includes a 2.56% overall increase in the schedule of fees. The above amount excludes a late adjustment to Psychiatry for a selected tariff and retroactive adjustment to Oral, Dental, and Periodontal Surgery but includes $1.0 million for the professional liability insurance fund.

(8) Includes a 1.6% overall increase in the schedule of fees with the exception of Oral, Dental, and Periodontal Surgery. The above amount also includes $2.0 million for the professional liability insurance fund.

Figure 3

Manitoba Health Services Commission Expenditure Index for Major Programs,

1987/88 to 1991/92

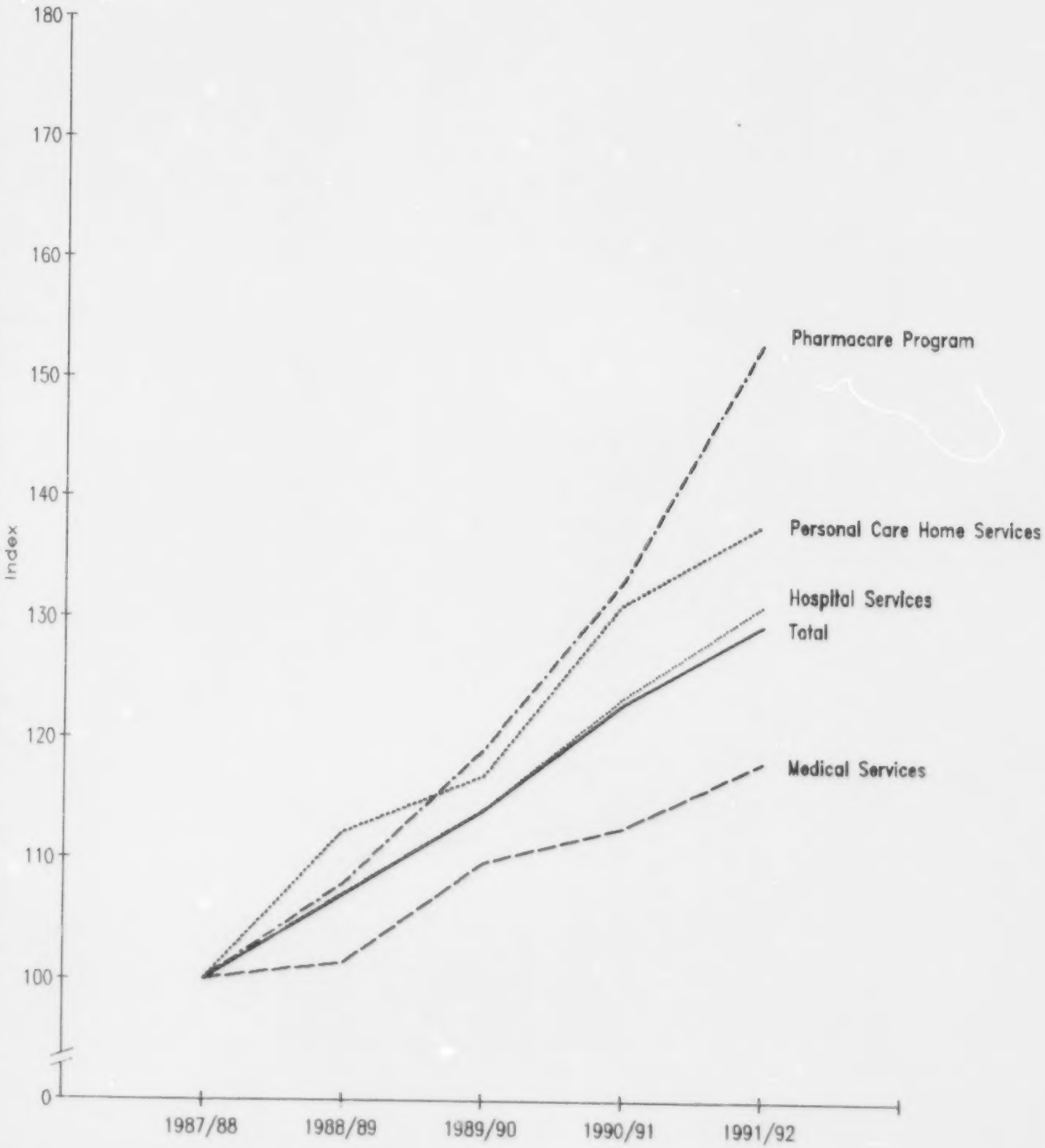


Figure 4A

Insured Health Services per Capita Costs,
1987/88 to 1991/92

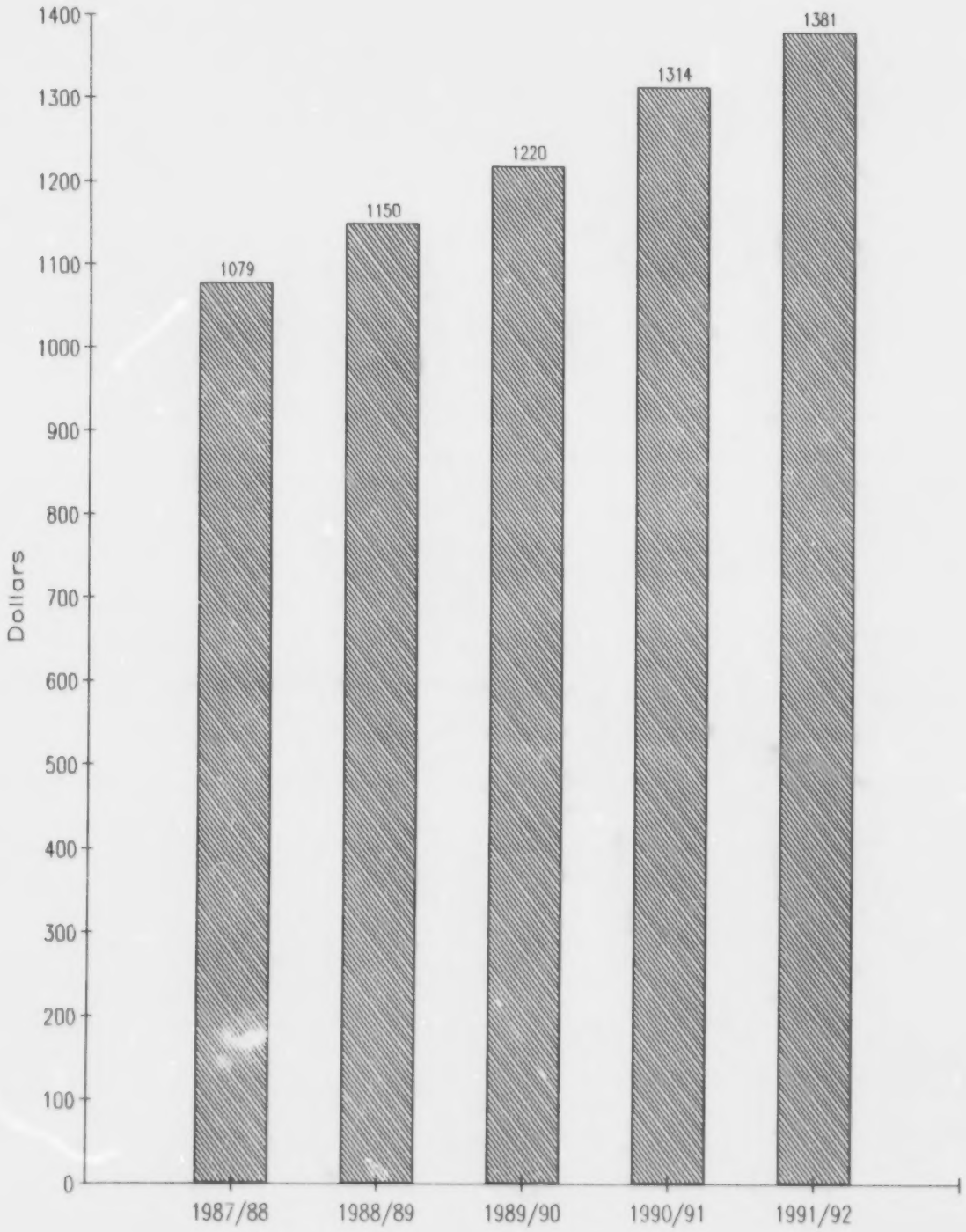


Figure 4B

Insured Hospital Services per Capita Costs,

1987/88 to 1991/92.

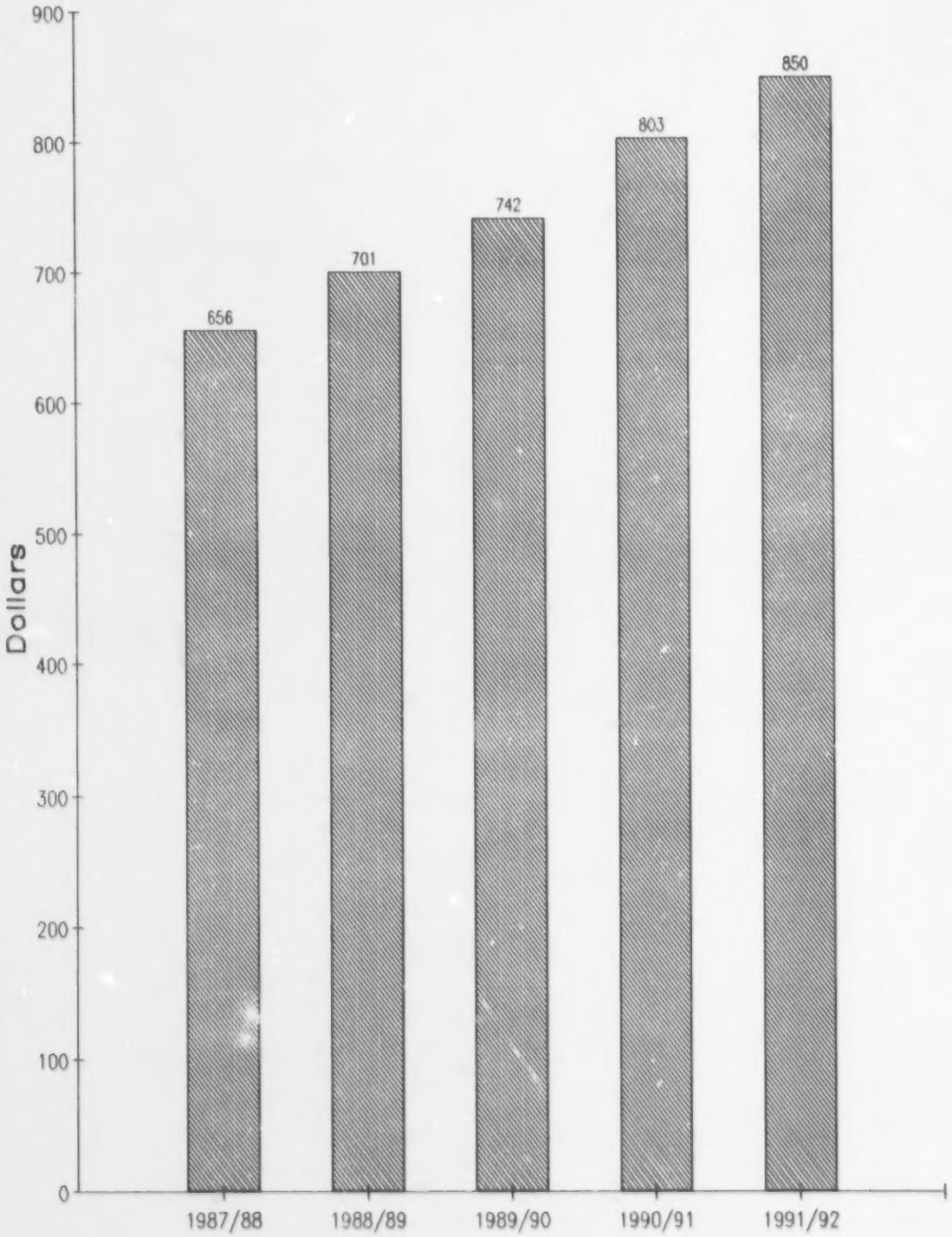
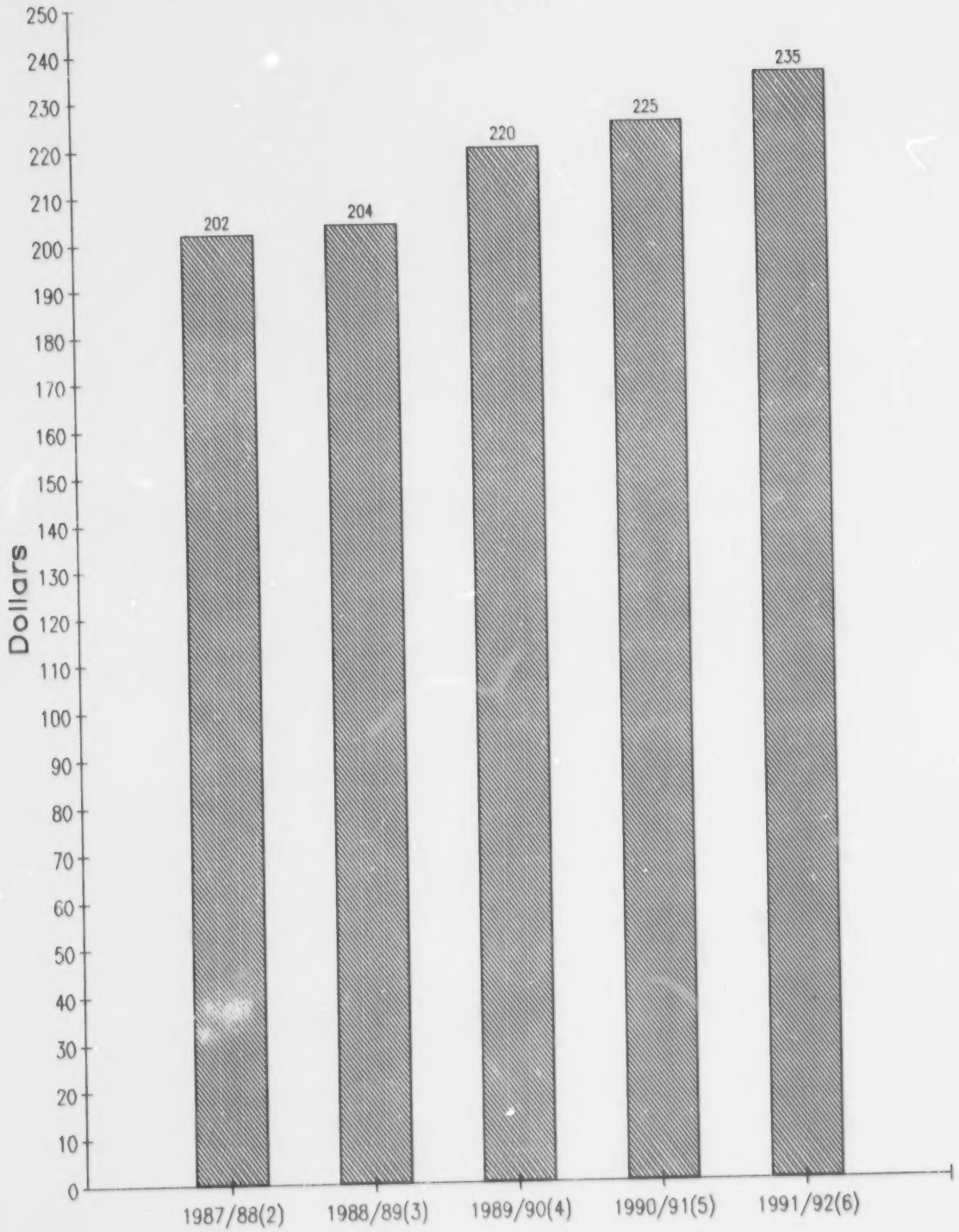


Figure 4C

Insured Medical(1) Services per Capita Costs, 1987/88 to 1991/92



(1) *Includes Medical Services, Oral, Dental and Periodontal Surgery.*

(2) *Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amount includes $1.23 million for the professional liability insurance fund.*

(3) *Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amount includes $2.13 million for the professional liability insurance fund.*

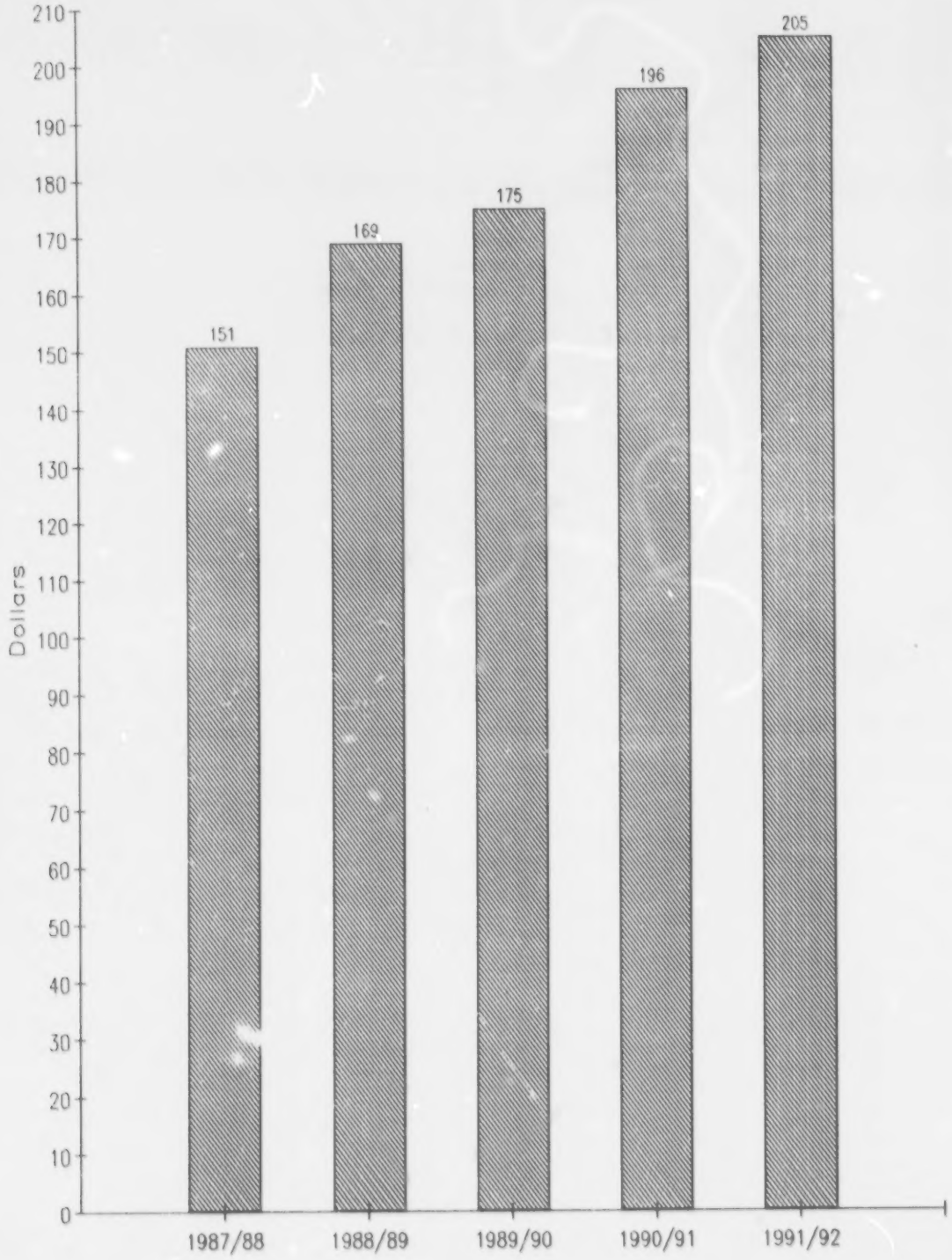
(4) *Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amount includes $2.63 million for the professional liability insurance fund.*

(5) *Includes a 2.56% overall increase in the schedule of fees. The above amount excludes a late adjustment to Psychiatry for a selected tariff and retroactive adjustments to Oral, Dental and Periodontal Surgery but includes $1.0 million for the professional liability insurance fund.*

(6) *Includes a 1.6% overall increase in the schedule of fees with the exception of Oral, Dental and Periodontal Surgery. The above amount also includes $2.0 million for the professional liability insurance fund.*

Figure 4D

Insured Personal Care Home Services per Capita Costs, 1987/88 to 1991/92



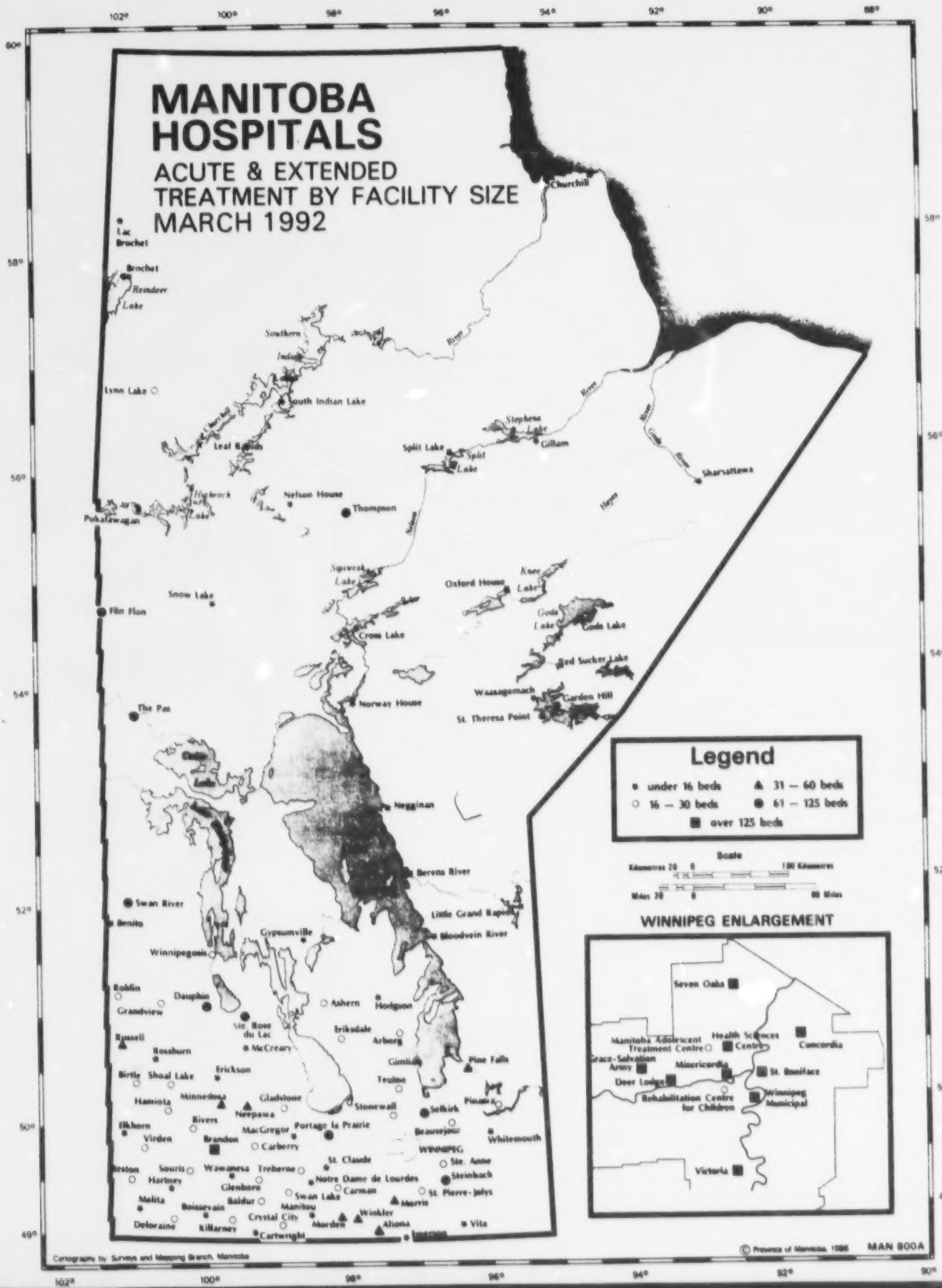

MANITOBA HOSPITALS
ACUTE & EXTENDED TREATMENT BY FACILITY SIZE
MARCH 1992
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
Scale
WINNIPEG ENLARGEMENT
Seven Oaks
Manitoba Adolescent Treatment Centre
Health Sciences Centre
Concordia
Grace-Salvation Army
Misericordia
St. Boniface
Deer Lodge
Rehabilitation Centre for Children
Winnipeg Municipal
Victoria
Churchill
Lac Brochet
Brochet
Reindeer Lake
Lynn Lake
South Indian Lake
Leaf Rapids
Stephens Lake
Gillam
Split Lake
Split Lake
Sharpstaws
Nelson River
Hayes River
Nelson House
Thompson
Pukatawagan
Highrock Lake
Snow Lake
Flin Flon
Sipiwesk Lake
Cross Lake
Oxford House
Knee Lake
Gods Lake
Gods Lake
Red Sucker Lake
Waasagomach
Garden Hill
St. Theresa Point
Norway House
The Pas
Opaskwayak Cree Nation
Moose Lake
Nelson River
Nelson River
Nelson River

Table 3
Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region, 1991/92

Health Region	Population(1)	Active Treatment		Extended Treatment		Personal Care Home	
		Number(2)	Rate	Number(2)	Rate	Number(2)	Rate
Central	95,116	412	4.3	50	0.5	785	8.3
Eastman	88,316	212	2.4	20	0.2	453	5.1
Interlake	75,180	213	2.8	-	-	504	6.7
Norman	24,823	192	7.7	-	-	130	5.2
Parklands	47,108	320	6.8	39	0.8	499	10.6
Thompson	48,686	233	4.8	-	-	26	0.5
Westman	116,382	745	6.4	102	0.9	1,505	12.9
Winnipeg	637,506	3,139	4.9 (3)	712	1.1 (3)	4,656	7.3
Manitoba	1,133,117	5,466	4.8	923	0.8	8,558	7.6

(1)M.H.S.C. registered population as at June 1, 1991.

(2)Based on rated capacity as at March 31, 1992.

(3)Active and extended treatment beds for Winnipeg residents, accounting for 80.5% of separated days, were 4.9 per 1,000 population. The remaining beds, accounting for 19.5% of separated days, were used by rural residents and non-residents of the province.

Figure 5

In-Patient Hospital Days per 1,000 Population by Health Region,

1990/91 and 1991/92

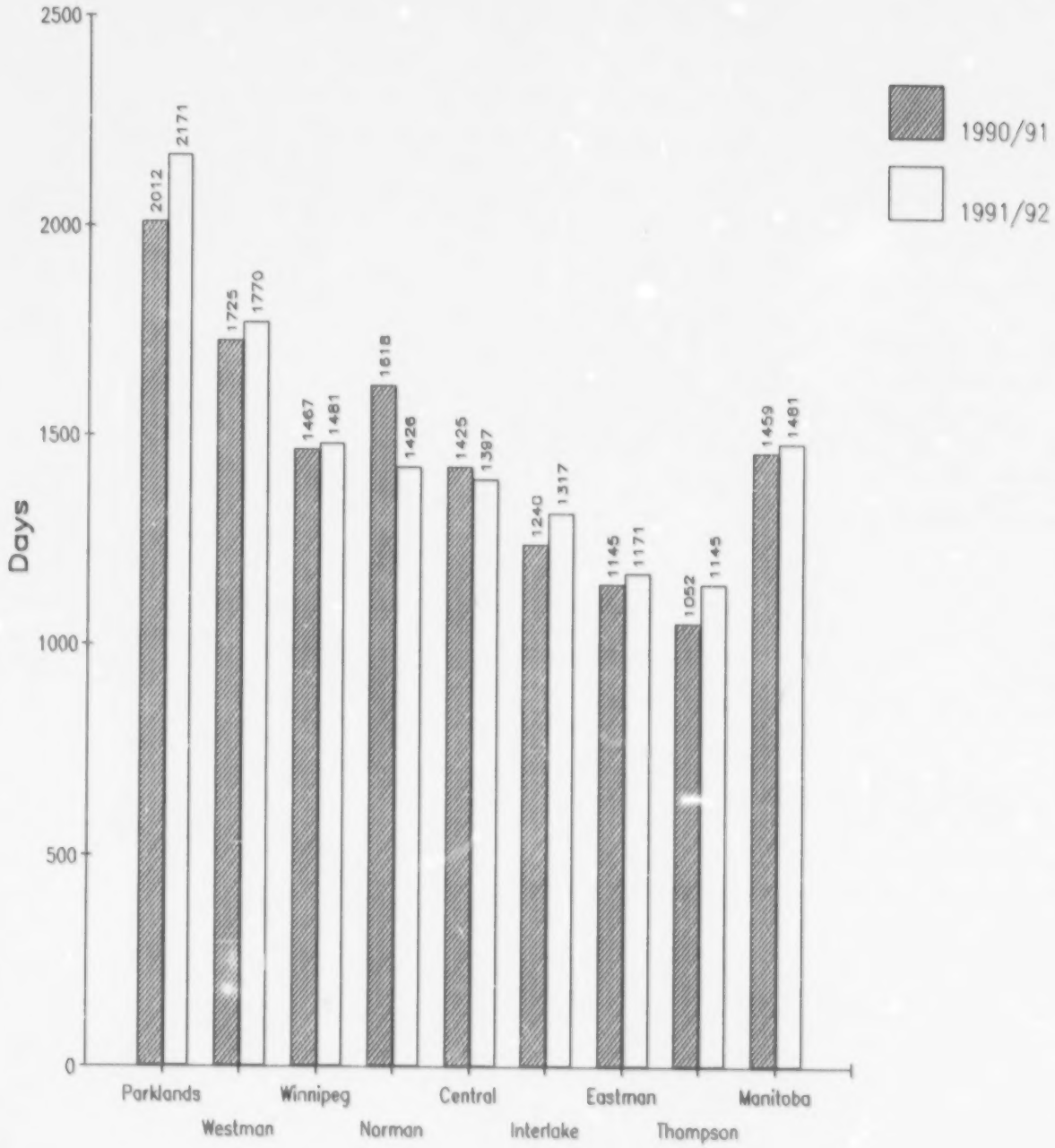


Table 4
Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded), 1991/92

Diagnostic Category(2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	1,990	30,980	15.6	1.3	1.8	2	27
Neoplasms	10,110	155,721	15.4	6.6	9.3	9	137
Endocrine, Nutritional, and Metabolic Diseases	2,635	35,330	13.4	1.7	2.1	2	31
Diseases of Blood and Blood Forming Organs	1,025	9,961	9.7	0.7	0.6	1	9
Mental Disorders	6,477	187,558	29.0	4.2	11.2	6	166
Diseases of the Nervous System and Sense Organs	4,996	94,069	18.8	3.2	5.6	4	83
Diseases of the Circulatory System	18,206	258,281	14.2	11.8	15.4	16	228
Diseases of the Respiratory System	17,881	145,842	8.2	11.6	8.7	16	129
Diseases of the Digestive System	17,124	114,055	6.7	11.1	6.8	15	101
Diseases of the Genitourinary System	9,366	61,544	6.6	6.1	3.7	8	54
Pregnancy, Childbirth, and the Puerperium	25,030	82,403	3.3	16.3	4.9	22	73
Diseases of the Skin and Subcutaneous Tissue	2,205	21,461	9.7	1.4	1.3	2	19
Diseases of the Musculoskeletal System	6,446	72,480	11.2	4.2	4.3	6	64
Congenital Anomalies	885	6,701	7.6	0.6	0.4	1	6
Conditions Originating in the Perinatal Period	432	3,255	7.5	0.3	0.2	-	3
Symptoms, Signs, and Ill-Defined Conditions	8,116	50,094	6.2	5.3	3.0	7	44
Injury and Poisoning	13,210	147,042	11.1	8.6	8.8	12	130
Factors Influencing Health Status(3)	7,865	201,823	25.7	5.1	12.0	7	178
Total	153,999	1,678,600	10.9	100.0	100.0	136	1481

(1)M.H.S.C. registered population as of June 1, 1991.

(2)ICD-9-CM.

(3)Factors Influencing Health Status and Contact with Health Services.

Table 5
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1990/91	1991/92	1990/91 $	1991/92 $
Active Treatment-Public General:				
15 Beds and Under:				
Benito	5	5	689,496	667,872
Boissevain	12	12	992,088	1,064,454
Cartwright	10	10	563,808	596,880
Elkhorn	8	8	517,982	551,808
Emerson	12	12	689,880	717,600
Erickson	12	12	1,132,032	981,408
Gillam	10	10	1,529,064	1,557,192
Glenboro	14	14	942,768	972,744
Hartney	9	9	527,952	552,240
Leaf Rapids	8	8	785,736	868,584
MacGregor-North Norfolk	6	6	495,312	527,960
Manitou-Pembina	8	8	804,550	818,568
McCreary-Alonsa	13	13	801,096	870,135
Melita-Wilson Memorial	11	11	887,520	937,776
Notre Dame	10	10	800,616	841,920
Rossburn	10	10	653,328	746,712
St. Claude	12	12	803,784	852,384
Snow Lake	4	4	628,992	643,536
Vita	11	11	900,840	1,350,312
Wawanesa	9	9	732,168	770,184
Whitemouth	6	6	794,616	795,000
Sub-Total	200	200	16,673,628	17,685,269

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1990/91	1991/92	1990/91 $	1991/92 $
16-30 Beds:				
Arborg	16	16	1,384,056	1,415,808
Ashern-Lakeshore	16	16	973,752	1,033,969
Baldur	16	16	814,680	833,904
Beausejour	30	30	1,845,096	1,943,797
Birtle	19	19	1,218,768	1,277,928
Carberry-Fox Memorial	29	29	1,368,504	1,455,192
Carman	30	30	2,618,472	2,689,953
Crystal City-Rock Lake	16	16	1,069,032	1,110,456
Deloraine-South West Health District	18	18	1,253,280	1,336,838
Eriksdale -E.M. Crowe Memorial	17	17	923,808	964,392
Gladstone-Seven Regions	20	20	1,805,935	1,791,741
Grandview	18	18	1,860,384	1,772,280
Hamiota	21	21	1,616,976	1,701,172
Killarney-Tri Lake H.C.	26	26	1,905,903	2,044,872
Lynn Lake	25	25	1,392,120	1,530,036
Minnedosa	35	27	2,071,056	2,858,773
Pinawa	17	17	1,024,632	1,077,624
Reston	17	17	963,960	1,007,904
Rivers-Riverdale	16	16	974,736	1,060,344
Roblin	25	25	1,559,496	1,623,120
Ste. Anne	21	21	2,004,192	2,044,093
St. Pierre-Desalaberry	16	16	1,093,608	1,130,376
Shoal Lake-Strathclair	23	23	1,192,560	1,248,708
Souris	30	30	2,146,104	2,228,705
Stonewall-Dr. Evelyn Memorial	18	18	1,295,017	1,325,016
Swan Lake-Lorne Memorial	22	22	1,482,696	1,332,928
Teulon-Hunter Memorial	20	20	1,652,664	1,723,344
Treherne-Tiger Hills Health District	18	18	1,182,528	1,265,807
Winnipegosis	18	18	1,153,944	1,204,656
Virden	25	25	2,67[illegible],720	2,982,168
Sub-Total	638	630	44,521,679	47,215,904

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1990/91	1991/92	1990/91 $	1991/92 $
31-60 Beds:				
Altona	32	32	1,804,044	1,903,152
Churchill Health Centre	31	31	3,559,912	3,669,728
Gimli-Johnson Memorial	35	35	2,276,208	2,401,200
Morden	48	48	5,597,358	5,946,586
Morris	33	33	2,098,344	2,245,387
Neepawa	38	38	2,816,040	2,888,448
Pine Falls	35	35	3,274,440	3,183,744
Russell	38	38	2,008,152	2,120,808
Steinbach-Bethesda	60	60	7,157,544	7,187,472
Winkler-Bethel	57	57	4,335,832	4,502,412
Sub-Total	407	407	34,927,874	36,048,937
61-125 Beds:				
Dauphin	105	105	13,707,826	14,423,448
Flin Flon	100	100	6,474,072	6,705,593
Portage	104	104	9,041,832	9,530,088
Ste. Rose	68	68	3,832,008	4,001,568
Selkirk	75	75	9,048,160	9,331,608
Swan River	68	68	6,396,504	6,663,912
The Pas-St. Anthony's	84	84	9,488,760	10,062,632
Thompson	100	100	10,952,184	11,760,092
Sub-Total	704	704	68,941,346	72,478,941

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1990/91	1991/92	1990/91 $	1991/92 $
Over 125 Beds:				
Brandon	291	291	40,975,464	44,249,881
Concordia	136	136	19,979,252	21,434,202
Grace-Salvation Army	301	301	41,804,285	43,384,138
Health Sciences Centre	1,113	1,084	256,736,375	271,294,802
Misericordia	409	409	48,978,957	51,717,264
St. Boniface	617	617	153,320,516	164,614,072
Seven Oaks	326	326	43,052,974	44,632,608
Victoria	246	246	34,273,080	35,819,304
Sub-Total	3,439	3,410	639,120,903	677,146,271
Total Public General Hospitals	5,388	5,351	804,185,430	850,575,322
Specialty Hospitals:				
Rehabilitation Centre for Children	20	20	2,045,592	2,081,712
Total Speciality Hospitals	20	20	2,045,592	2,081,712
Federal Hospitals:				
Hodgson-Percy E.Moore	16	16	1,229,864	1,102,600
Norway House	16	16	804,932	782,316
Berens River, N.S.	6	6	9,766	12,203
Bloodvein, N.S.	2	2	7,757	6,237
Brochet, N.S.	3	3	1,511	3,148
Cross Lake, N.S.	4	4	26,527	23,090
Garden Hill, N.S.	3	3	8,451	6,342
God's Lake, N.S.	4	4	8,043	11,671
Lac Brochet, N.S.	2	2	7,310	4,081
Little Grand Rapids, N.S.	4	4	11,932	4,781
Nelson House, N.S.	4	4	9,458	21,804
Oxford House, N.S.	3	3	18,289	8,618
Poplar River, N.S.	4	4	6,994	4,897
Pukatawagan, N.S.	4	4	10,005	16,995
Red Sucker Lake, N.S.	2	2	2,762	4,198
Ste. Theresa, N.S.	3	3	19,162	23,814
Shamatawa, N.S.	4	4	12,498	18,737
South Indian Lake, N.S.	6	6	5,032	5,947
Split Lake, N.S.	4	4	4,693	10,844
Wassagamack, N.S.	1	1	5,929	7,258
Sub-Total	95	95	2,210,915	2,079,581
Total Active Treatment Hospitals	5,503	5,466	808,441,937	854,736,615

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1990/91	1991/92	1990/91 $	1991/92 $
Extended Treatment Hospitals:				
Brandon-Assiniboine	102	102	-(2)	-(2)
Dauphin	20	20	-(2)	-(2)
Deer Lodge Centre	143	164	_(3)	_(3)
Grace-Salvation Army-Psychiatric	20	20	_(2)	_(2)
Manitoba Adolescent Treatment Centre	25	25	4,136,400	4,383,504
Morden	23	23	_(2)	_(2)
Portage	27	27	_(2)	_(2)
St. Boniface	184	184	_(2)	_(2)
Steinbach-Bethesda	20	20	_(2)	_(2)
Swan River	19	19	_(2)	_(2)
Winnipeg Municipal	319	319	27,968,208	29,369,712
Total Extended Treatment Hospitals	902	923	32,104,608	33,753,216
Total Hospitals	6,405	6,389	840,546,545 (5)	888,489,831 (5)

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1990/91 and 1991/92

Facility Name	Rated Bed Capacity(1) 1990/91	Rated Bed Capacity(1) 1991/92	Net M.H.S.C. Payments 1990/91 $	Net M.H.S.C. Payments 1991/92 $
Community Health Centres and Clinics:				
Churchill Health Centre	-	-	804,312	809,256
Deloraine-South West Health District	-	-	807,192	987,238
Emerson	-	-	33,720	355,608
Fisher Medical Centre	-	-	220,224	231,456
Gilbert Plains	-	-	106,968	105,816
Gillam-Sundance	-	-	650,664	667,944
Glenboro Clinic	-	-	-	186,591
Gypsumville Clinic	-	-	30,972	29,376
Hamiota Health Centre	-	-	905,856	944,520
Health Action Centre	-	-	1,001,712	1,039,512
Hope Centre	-	-	322,300	339,090
Klinic	-	-	2,401,608	2,407,392
Lac du Bonnet Health Centre	-	-	416,016	433,464
Leaf Rapids Health Centre	-	-	857,448	946,944
Lynn Lake Medical Clinic	-	-	317,712	310,824
McCreary Clinic	-	-	-	132,816
Mount Carmel Clinic	-	-	2,658,144	2,726,863
Melita Clinic	-	-	-	175,132
Nor'West Co-operative Health and Social Services Centre Inc.	-	-	536,244	558,238
Notre Dame Medical Nursing Unit	-	-	428,208	431,352
Occupational Health Centre	-	-	468,504	513,000
Riverton	-	-	31,248	27,768
Seven Regions Health Centre	-	-	386,808	452,872
Shoal Lake-Strathclair Health Centre	-	-	449,616	442,008
St. Claude	-	-	171,168	260,496
University of Manitoba-Northern Medical Unit	-	-	2,518,560	2,538,672
Village Clinic	-	-	346,290	420,288
Vita	-	-	113,040	119,664
Women's Health Centre	-	-	734,302	733,634
Total	-	-	17,718,836	19,327,834
Other Health Facilities:				
Eden Mental Health Centre	(4)	- (4)	3,679,464	3,632,292
Manitoba Cancer Treatment and Research Foundation	-	-	9,871,423	10,385,674
Manitoba Cardiac Institute	-	-	316,200	328,200
Camp Shilo	-	-	24,528	25,581
Westman Laboratory	-	-	6,917,162	7,236,943
Red Cross Blood Transfusion	-	-	10,432,031	11,162,533
Cadham Provincial Laboratory	-	-	6,716,386	6,979,620
Out-of-Province	-	-	18,479,420	17,757,295
Unisys	-	-	5,366,439	5,313,215
The Winnipeg Plasma Laboratory	-	-	1,497,496	1,413,286
Total	-	-	63,300,549	64,234,639
Grand Total All Facilities	6,405	6,389	921,565,930 (6)	972,052,304 (6)

(1)As at March 31.
(2)Payments included in amounts shown for active treatment hospitals.
(3)Payments included in amounts shown for personal care home beds noted on page .
(4)The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.
(5)Payments to hospitals include $27,991,788. which represents the estimated cost of treating insured residents of other provinces and territories of Canada. These costs are recovered by the Manitoba Health Services Commission directly from the participating provinces and territories.
(6)The difference between net M.H.S.C. payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

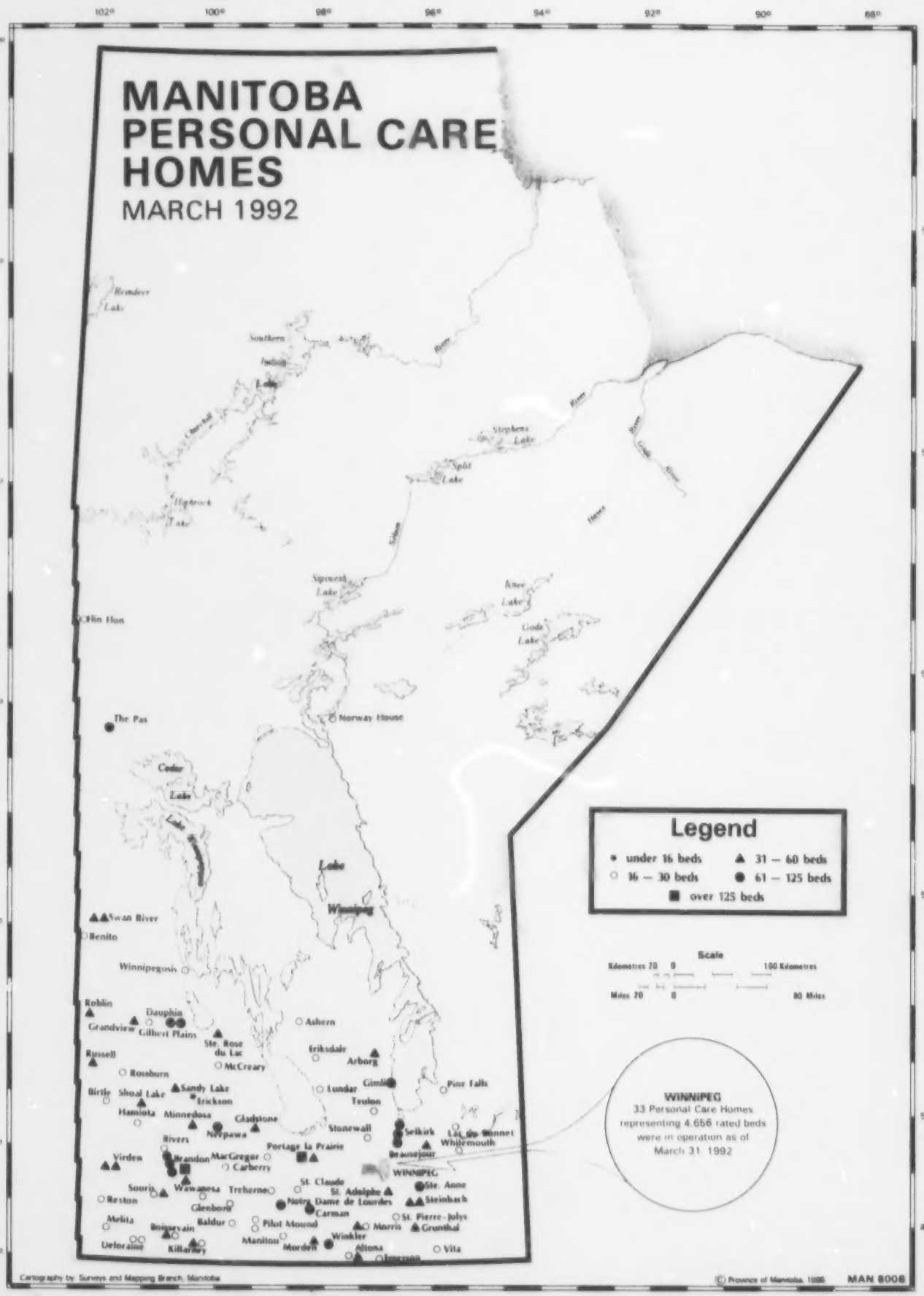

MANITOBA
PERSONAL CARE
HOMES
MARCH 1992
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
Scale
Kilometres 20 0 100 Kilometres
Miles 20 0 80 Miles
WINNIPEG
33 Personal Care Homes
representing 4,656 rated beds
were in operation as of
March 31 1992
Cartography by Surveys and Mapping Branch, Manitoba
© Province of Manitoba, 1992
MAN 8008
The Pas
Norway House
Cross Lake
Swan River
Benito
Winnipegosis
Dauphin
Grandview
Gilbert Plains
Ste. Rose du Lac
McCreary
Ashern
Inwood
Arborg
Lundar
Gimli
Pine Falls
Teulon
Stonewall
Selkirk
Lac du Bonnet
Whitemouth
Beausejour
Russell
Rossburn
Birtle
Shoal Lake
Sandy Lake
Erickson
Hamiota
Minnedosa
Gladstone
Neepawa
Rivers
Virden
Brandon
MacGregor
Carberry
Portage la Prairie
WINNIPEG
St. Claude
St. Adolphe
Ste. Anne
Steinbach
Souris
Wawanesa
Treherne
Reston
Glenboro
Notre Dame de Lourdes
Carman
St. Pierre-Jolys
Melita
Baldur
Pilot Mound
Morris
Grunthal
Boissevain
Manitou
Winkler
Deloraine
Killarney
Morden
Altona
Emerson
Vita

Table 6
Number, Percentage Distribution, and Rates per 1,000 Population of Personal Care Home Residents
by Age Group, Sex, and Level of Care,
as at April 1, 1992

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	5	54	88	59	206	2.5	0.4
	F	4	50	72	63	189	2.3	0.4
65 - 69	M	2	59	62	38	161	1.9	7.8
	F	5	48	51	45	149	1.8	6.0
70 - 74	M	7	63	110	65	245	2.9	14.7
	F	8	120	162	88	378	4.5	17.9
75 - 79	M	11	106	154	99	370	4.4	29.6
	F	14	228	267	204	713	8.5	40.6
80 - 84	M	9	158	187	136	490	5.9	67.
	F	34	366	453	328	1,181	14.1	101.7
85 +	M	52	306	360	238	956	11.4	199.3
	F	94	1,029	1,137	1,064	3,324	39.8	320.0
Total	M	86	746	961	635	2,428		4.3
	F	159	1,841	2,142	1,792	5,934		10.3
	T	245	2,587	3,103	2,427	8,362		7.4
Percent	M	1.0	8.9	11.5	7.6	29.0		
	F	1.9	22.0	25.6	21.4	71.0		
	T	2.9	30.9	37.1	29.0	100.0		

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex,

April 1, 1992

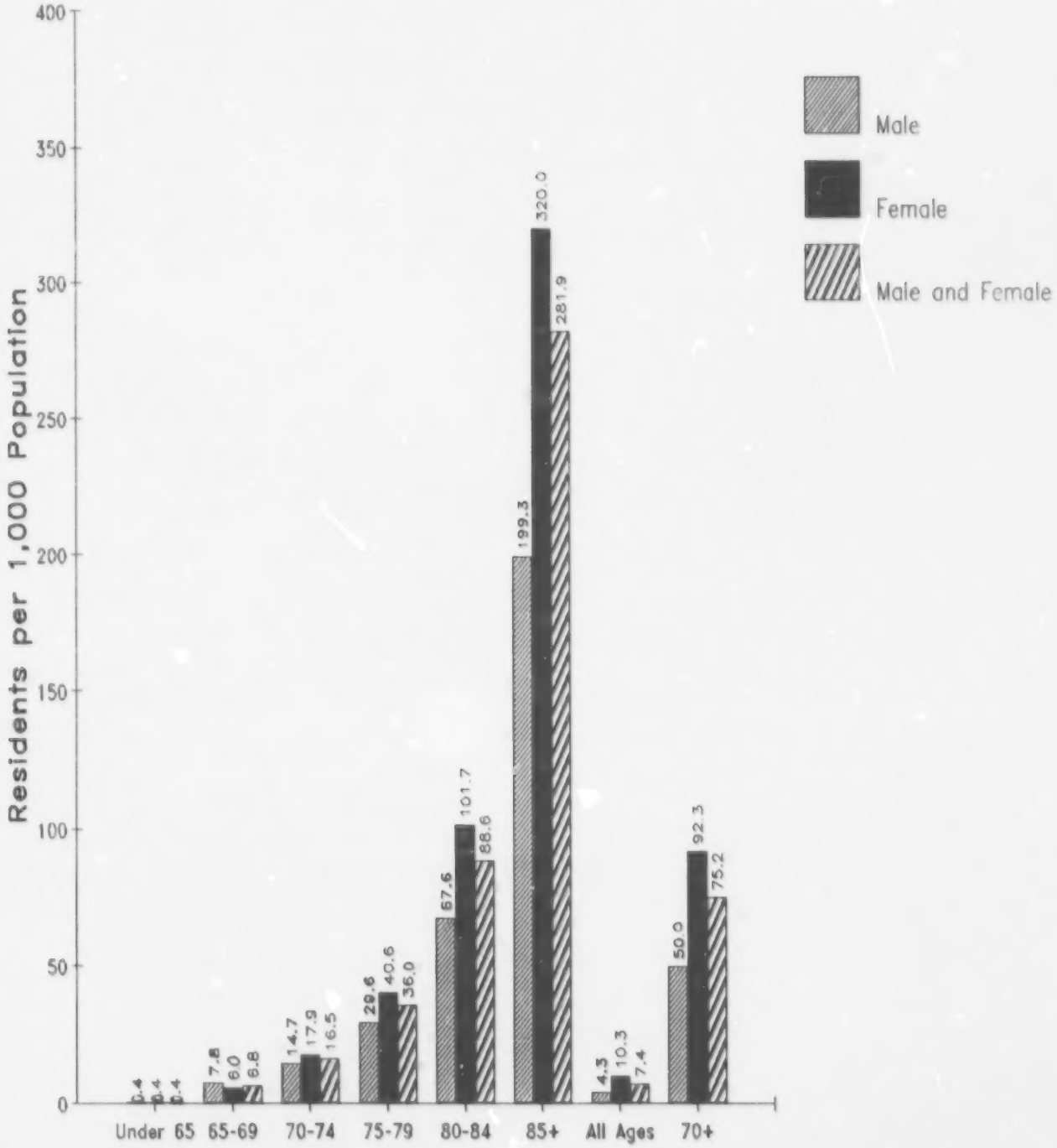


Table 7
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1990/91 and 1991/92

Personal Care Home Name	Rated Bed Capacity(1) 1990/91	Rated Bed Capacity(1) 1991/92	Net M.H.S.C. Payments 1990/91 $	Net M.H.S.C. Payments 1991/92 $
Central Region:				
Altona and District, Altona	25	25	687,480	709,704
Boyne Lodge, Carman	70	70	1,940,739	1,989,104
Douglas Campbell Lodge(opened November 30/91)	-	36	-	1,098,357
Foyer Notre Dame, Notre Dame de Lourdes	61	61	1,631,472	1,576,440
Lions Prairie Manor, Portage	151	150	3,249,870	3,311,536
MacGregor P.C.H., MacGregor	20	20	563,232	557,208
Manoir de St. Claude Inc., St. Claude	18	18	576,555	602,127
Pembina-Manitou Health Centre, Manitou	18	18	786,890	909,264
Rosenort Eventide Home, Rosenort	26	26	306,719	302,219
Red River Valley Lodge, Emerson	20	20	522,600	539,616
Red River Valley Lodge, Morris	40	40	1,117,416	1,197,840
Salem Home Inc., Winkler	125	125	4,172,349	4,097,822
Tabor Home, Morden	60	60	1,563,994	1,835,031
The Ebenezer Home, Altona	45	44	1,024,752	1,047,096
Third Crossing Manor, Gladstone	50	50	1,148,228	1,134,332
Tiger Hills Manor, Treherne	22	22	619,173	637,222
Sub-Total	751	785	19,911,469	21,544,918
Eastman Region:				
Bethesda, Steinbach	60	60	1,517,016	1,557,744
Eastgate Lodge, Beausejour	60	60	1,507,857	1,555,334
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	940,212	935,879
Manoir St. Pierre, St. Pierre Jolys	16	16	540,857	554,993
Menno Home for the Aged, Grunthal	40	40	888,958	890,010
Rest Haven, Steinbach	60	60	1,415,332	1,437,761
St. Adolphe N.H., St. Adolphe	42	42	940,754	995,361
Shevchenko Senior Citizens Home, Vita	30	30	703,482	727,715
Sunnywood Manor, Pine Falls	20	20	906,336	866,754
Villa Youville, Ste. Anne	75	75	1,662,046	1,708,867
Whitemouth P.C.H., Whitemouth	20	20	763,304	746,808
Sub-Total	453	453	11,786,154	11,977,226

Table 7(Continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1990/91 and 1991/92

Personal Care Home Name	Rated Bed Capacity(1) 1990/91	1991/92	Net M.H.S.C. Payments 1990/91 $	1991/92 $
Interlake Region:				
Betel Home Foundation, Gimli	80	80	2,212,370	2,295,092
Betel Home Foundation, Selkirk	94	94	2,825,705	2,779,882
Goodwin Lodge, Teulon	20	20	658,318	667,436
Lakeshore District Health System, Ashern	20	20	558,796	614,405
Lakeshore District Health System, Eriksdale	20	20	520,898	557,745
Lakeshore District Health System, Lundar	20	20	680,507	712,603
Pioneer Health Services, Arborg	40	40	932,372	945,930
Red River Place, Selkirk	104	104	2,565,137	2,718,009
Rosewood Lodge, Stonewall	30	30	842,472	918,648
Tudor House, Selkirk	76	76	1,669,137	1,772,617
Sub-Total	504	504	13,465,712	13,982,367
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	982,968	1,011,840
Northern Lights Manor, Flin Flon	30	30	402,144	411,336
St. Paul's Residence, The Pas	70	70	1,788,192	1,806,840
Sub-Total	130	130	3,173,304	3,230,016
Parklands Region:				
Benito Health Centre, Benito	20	20	503,610	774,576
Dauphin P.C.H., Dauphin	65	90	2,442,312	3,176,568
Dr. Gendreau Memorial Home, Ste. Rose	40	40	1,051,741	1,043,105
Gilbert Plains Health Centre Inc., Gilbert Plains	30	30	1,136,970	1,136,989
Grandview P.C.H., Grandview	40	40	954,009	986,961
McCreary-Alonsa P.C.H., McCreary	20	20	554,445	567,443
St. Paul's Home, Dauphin	70	70	1,753,108	1,764,877
Crocus Court, Roblin	30	60	872,127	1,262,964
Swan River Valley Lodge, Swan River	49	49	561,710	597,768
Swan River Valley P.C.H., Swan River	60	60	1,431,192	1,587,120
Winnipegosis-Mossey River, Winnipegosis	20	20	636,008	630,624
Sub-Total	444	499	11,897,232	13,528,995

Table 7(Continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1990/91 and 1991/92

Personal Care Home Name	Rated Bed Capacity(1) 1990/91	Rated Bed Capacity(1) 1991/92	Net M.H.S.C. Payments 1990/91 $	Net M.H.S.C. Payments 1991/92 $
Thompson Region:				
Pinaow-Wachi, Norway House	26	26	149,080	140,276
Sub-Total	26	26	149,080	140,276
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	599,242	608,728
Bayside P.C.H., Killarney	30	30	916,314	964,523
Birch Lodge, Hamiota	30	30	860,947	867,811
Birtle P.C.H. Inc., Birtle	20	20	571,058	570,061
B.M.W. Health Facilities, Boissevain	20	20	618,228	630,371
Bren-Del-Win Lodge, Deloraine	30	30	686,906	707,022
Carberry P.C.H., Carberry	30	30	755,856	767,592
Central Park Lodge, Brandon	89	89	1,793,926	1,889,676
Delwynda Court, Deloraine	16	16	550,450	564,687
Eastview Lodge, Neepawa	125	125	3,185,746	3,039,174
Erickson and District P.C.H., Erickson	14	14	826,968	1,004,040
Fairview Home, Brandon	248	248	5,655,676	6,032,615
Glenboro P.C.H., Glenboro	20	20	540,600	556,584
Hillcrest Place, Brandon	100	100	2,082,235	2,171,345
Lakeview Senior Citizens Home, Killarney	35	35	459,106	504,010
Melita and Area P.C.H., Melita	20	20	520,525	520,430
Minnedosa and District P.C.H., Minnedosa	50	50	1,259,808	1,271,856
Morley House, Shoal Lake	40	40	910,906	941,743
Prairie View Lodge, Pilot Mound	30	30	353,397	450,222
Rideau Park P.C.H., Brandon	100	100	1,766,828	1,723,674
Riverdale P.C.H., Rivers	20	20	517,033	520,017
Rock Lake P.C.H., Pilot Mound	24	24	786,297	814,188
Rossburn P.C.H., Rossburn	20	20	628,536	687,912
Russell and District P.C.H., Russell	40	40	982,207	1,018,432
Sandy Lake Home, Sandy Lake	36	36	773,054	861,505
Souris District P.C.H., Souris	34	34	957,504	971,905
The Salvation Army Dinsdale, Brandon	60	60	1,547,748	1,574,683
The Sherwood, Virden	50	50	626,062	707,581
Victoria Park Lodge, Souris	20	20	384,503	393,374
Wawanesa P.C.H., Wawanesa	20	20	623,625	653,679
Westman N.H., Virden	50	50	1,123,311	1,151,982
Westview Lodge, Boissevain	44	44	518,138	511,683
Willowview Home, Reston	20	20	679,997	660,755
Sub-Total	1,505	1,505	35,062,737	36,313,860

Table 7(Continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1990/91 and 1991/92

Personal Care Home Name	Rated Bed Capacity(1) 1990/91	1991/92	Net M.H.S.C. Payments 1990/91 $	1991/92 $
Winnipeg Region:				
Beacon Hill Lodges Inc.	175	175	3,947,734	4,164,526
Bethania Mennonite P.C.H.	150	150	4,802,571	4,831,590
Central Park Lodge, Poseidon Bay	218	218	4,807,926	5,123,091
Central Park Lodge, Edmonton Street	277	277	5,862,140	6,239,608
Convalescent Home	84	84	1,794,423	1,853,805
Deer Lodge Centre	225	253	14,366,472 (2)	18,471,151 (2)
Donwood Manor	81	81	1,895,272	1,943,857
Fort Garry Care Centre	64	64	1,465,707	1,539,868
Foyer Valade	117	117	4,378,500	4,225,330
Fred Douglas Lodge	158	137	4,700,490	4,560,600
Golden Door Geriatric Centre	78	78	1,686,210	1,840,688
Golden West Centennial Lodge	91	116	1,792,577	3,259,314
Holiday Haven N.H.	155	155	3,382,814	3,581,069
Holy Family N.H.	284	284	7,183,087	7,221,671
Deaf Centre Manitoba Inc.	22	22	648,261	654,685
Lions Manor	63	63	1,066,176	1,112,248
Luther Home	80	80	1,933,384	1,953,814
Manitoba Oddfellows Home	43	43	574,729	560,359
Maples P.C.H. Limited	200	200	4,868,672	5,158,867
Meadowood Manor	90	90	1,939,716	2,022,017
Metro Kiwanis Courts	47	47	404,344	428,842
The Middlechurch Home	197	197	5,079,557	5,402,072
Oakview Place	245	245	5,081,517	5,463,843
Oddfellows and Rebekahs P.C.H. Inc.	90	90	2,156,735	2,256,964
Park Manor P.C.H.	100	100	2,440,549	2,446,155
Rolmar Investments Inc.	86	86	1,933,589	2,041,525
St. Joseph's Residence	100	100	2,541,117	2,656,482
St. Norbert N.H.	91	91	2,105,464	2,191,921
The Sharon N.H.	208	234	4,877,158	5,400,472
Tache Nursing Centre	318	318	9,630,646	9,926,405
Tuxedo Villa	211	211	4,246,383	4,521,866
Vista Park Lodge	100	100	2,350,297	2,474,730
West Park Manor	150	150	3,234,551	3,311,179
Sub-Total	4,598	4,656	119,178,768	128,840,614
Total Personal Care Homes	8,411	8,558	214,624,456 (3)	229,558,272 (3)
Sanatorium Board of Manitoba-Community Therapy Service	-	-	1,881,216	2,074,296
Grand Total All Facilities	8,411	8,558	216,505,672	231,632,568

(1)As at March 31.
(2)Includes payments to the 120 bed extended treatment hospital noted on page .
(3)The difference between M.H.S.C payments and Personal Care Home expenditures per Table 2 represents year end accruals and sundry adjustments.

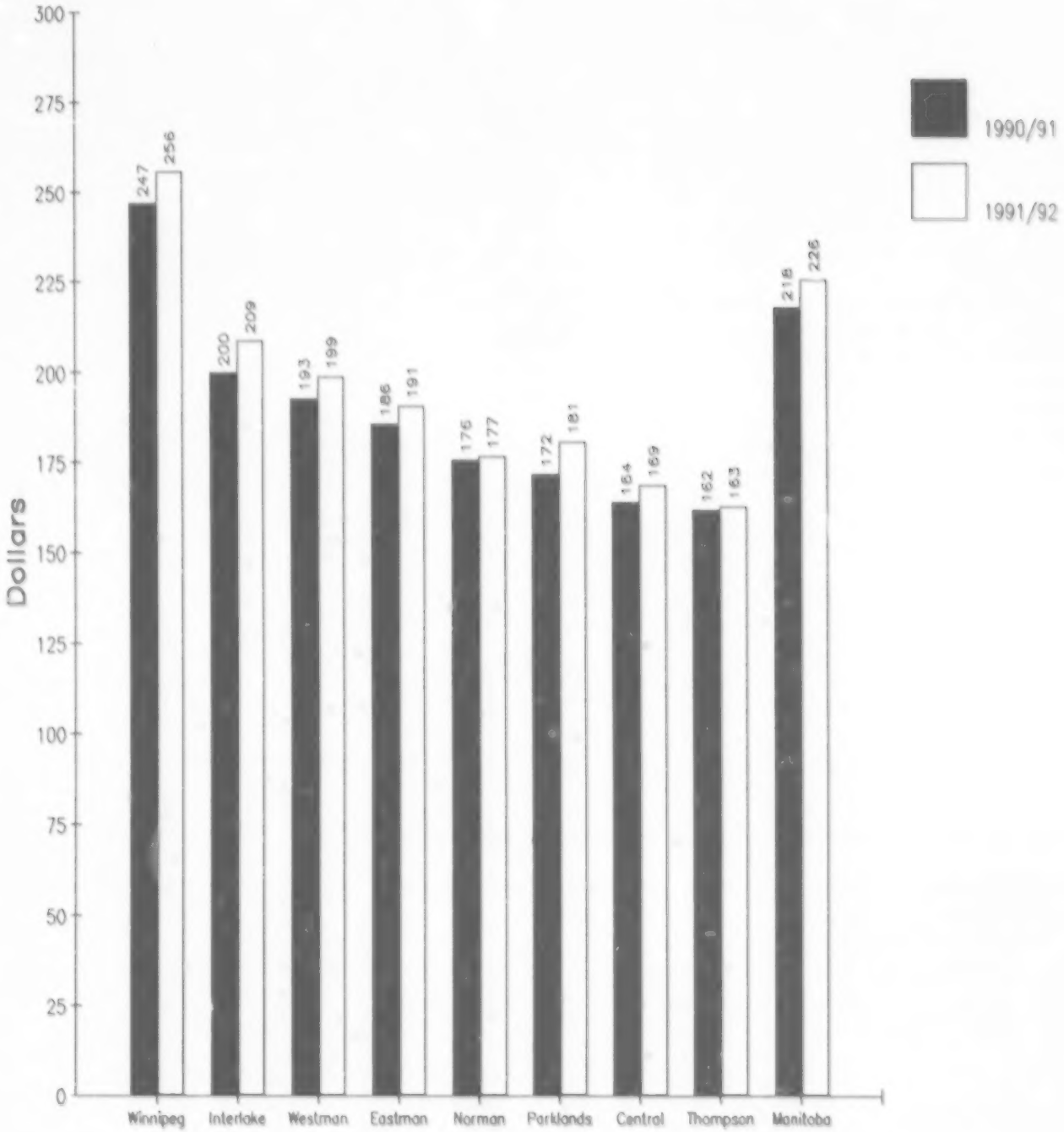
Table 8
Number of Health Practitioners and Population per Practitioner by Health Region, 1991/92

Health Region	Population(1)	Practitioners Receiving Payment in Excess of $40,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	95,116	56	1,699	8	11,890	5	19,023
Eastman	88,316	45	1,963	5	17,663	3	29,439
Interlake	75,180	40	1,880	4	18,795	2	37,590
Norman	24,823	24	1,034	1	24,823	2	12,412
Parklands	47,108	40	1,178	3	15,703	3	15,703
Thompson	48,686	23	2,117	1	48,686	-	-
Westman	116,382	125	931	9	12,931	11	10,580
Winnipeg	637,506	1,099	580	76	8,388	43	14,826
Manitoba	1,133,117	1,452	780	107	10,590	69	16,422

(1)M.H.S.C. registered population as of June 1, 1991.

Figure 7

Medical Services per Capita Cost by Health Region, 1990/91(1) and 1991/92(2)



(1) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff and does not include $1.0 million for the professional liability insurance fund.

(2) Does not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

Table 9
Medical Services and Costs by Diagnostic Category,
1991/92.

Diagnostic Category(1)	Number of Services	Costs ($)	Percentage Distribution	
			Services	Costs ($)
Infectious and Parasitic Diseases	300,160	4,505,494	2.1	1.8
Neoplasms	380,807	10,241,600	2.7	4.0
Endocrine, Nutritional and Metabolic Diseases	494,896	7,090,879	3.5	2.8
Diseases of Blood and Blood Forming Organs	146,650	1,877,066	1.0	0.7
Mental Disorders	1,106,919	19,488,204	7.8	7.6
Diseases of the Nervous System and Sense Organs	1,046,546	22,825,688	7.3	8.9
Diseases of the Circulatory System	1,084,380	21,401,565	7.6	8.4
Diseases of the Respiratory System	1,536,122	25,190,701	10.8	9.9
Diseases of the Digestive System	547,648	15,878,717	3.8	6.2
Diseases of the Genitourinary System	866,865	18,234,161	6.1	7.1
Pregnancy, Childbirth, and the Puerperium	124,487	8,245,234	0.9	3.2
Diseases of the Skin and Subcutaneous Tissue	599,473	9,667,337	4.2	3.8
Diseases of the Musculoskeletal System	890,000	16,325,692	6.2	6.4
Congenital Anomalies	38,200	1,620,703	0.3	0.6
Conditions Originating in the Perinatal Period	28,263	467,842	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	946,963	16,871,485	6.6	6.6
Injury and Poisoning	835,830	17,159,078	5.9	6.7
Factors Influencing Health Status(2)	2,144,650	27,753,498	15.1	10.9
Without Diagnosis	1,125,885	10,794,501	7.9	4.2
Total(3)	14,244,744	255,639,445 (4)	100.0	100.0

(1) ICD-9-CM.

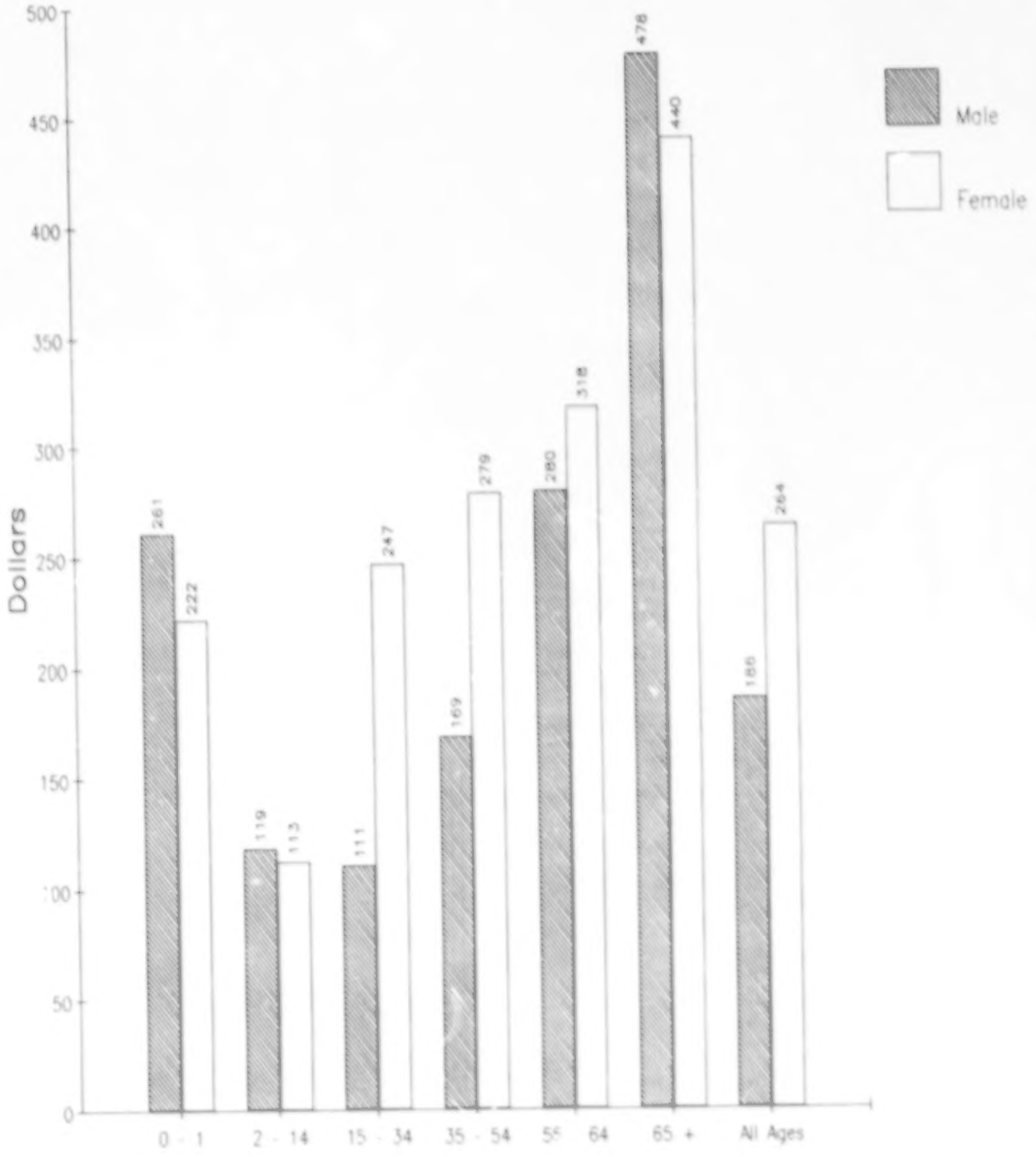
(2) Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(4) Does not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

Figure 8

Medical Services per Capita Cost(1) by Age Group & Sex, 1991/92



(1) Does not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

Table 10
Medical and Other Health Services Average Cost per Patient(1) by Type of Practice, 1987/88 to 1991/92

Type of Practice	1987/88 (2) $	1988/89 (3) $	1989/90 (4) $	1990/91 (5) $	1991/92 (6) $
Internal Medicine	68.96	71.67	73.75	76.30	77.89
Internal Medicine - Neurology	82.38	83.77	85.81	87.42	89.76
Internal Medicine - Geriatrics(7)	-	-	-	198.85	193.44
Internal Medicine - Rheumatology(7)	-	-	-	106.04	115.91
Paediatrics	55.87	57.52	61.09	62.01	61.85
Psychiatry	384.65	419.46	484.00	519.25	520.39
Surgery - General	143.47	147.67	158.83	163.87	170.82
- Thoracic & Cardiovascular	449.08	456.73	456.91	466.84	476.75
- Plastic	132.52	127.46	140.57	157.69	170.40
- Urological	148.16	154.49	159.85	154.98	159.43
- Orthopaedic	107.85	111.07	117.55	117.65	123.39
- Neurological	264.65	279.88	288.45	291.99	334.89
Ophthalmology	74.10	77.88	86.04	90.76	95.14
Otorhinolaryngology	72.46	75.65	79.38	76.94	84.36
Dermatology	51.22	53.16	58.31	59.39	59.97
Radiology	23.39	24.38	25.19	25.92	25.95
Pathology	41.29	39.33	41.11	42.21	42.73
Obstetrics and Gynaecology	104.88	108.27	115.05	114.16	116.81
Anaesthesia	118.79	125.27	135.71	144.36	149.03
General Practice - Urban	48.43	49.63	51.53	52.00	51.32
- Rural	61.21	60.89	63.12	64.31	64.16
- Emergency Medicine	29.50	31.60	33.12	34.60	34.86
Physical Medicine	132.14	135.65	127.86	124.71	130.32
Oral, Dental, and Periodontal Surgery	310.73	339.77 (8)	351.51	338.08	343.79
Optometry	26.02 (8)	25.64 (8)	26.74	26.78	27.71
Chiropractic	52.34	54.71	55.72	56.91	59.37

(1) Patient count is not unique.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(4) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(5) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(6) Does not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

(7) New sub-blocs effective April 1, 1990.

(8) Includes retroactive payments made in 1989/90.

Table 11
Medical Costs and Percentage Distribution by Type of Service,
1990/91 and 1991/92.

Type of Service	1990/91		1991/92	
	Costs(1) $	Percent	Costs(2) $	Percent
Office Visits	106,643,423	43.2	110,514,471	43.2
Laboratory	27,559,300	11.2	27,693,357	10.8
Major Surgery	21,233,535	8.6	23,295,106	9.1
Other Diagnostic/Therapeutic Services	19,862,750	8.1	21,132,729	8.3
Consultations	18,878,684	7.7	19,990,311	7.8
Diagnostic Radiology	11,484,283	4.7	11,785,216	4.6
Hospital Visits	11,040,356	4.5	11,090,950	4.3
Anaesthesia	8,348,535	3.4	8,421,464	3.3
Obstetric Services	7,506,538	3.0	7,405,257	2.9
Special Visits	5,588,604	2.3	5,700,647	2.2
Minor Surgery	4,156,123	1.7	4,097,535	1.6
Surgical Assistance	2,488,411	1.0	2,591,441	1.0
Miscellaneous Services	1,812,229	0.7	1,920,961	0.8
Total(3)	246,602,771	100.0	255,639,445	100.0

(1) Include a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for s selected tariff, and does not include $1.0 million for the professional liability insurance fund.

(2) Do not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

Table 12A
Average and Median Payments ($40,000 Gross) (1) to Physicians by Specialty of Practice, 1990/91 and 1991/92

Type of Practice	1990/91 (2) Number of Physicians	Average Payment $	Median Payment $	1991/92 (3) Number of Physicians	Average Payment $	Median Payment $
Internal Medicine	123	163,640	130,500	126	171,100	134,550
Internal Medicine - Neurology	17	142,850	147,070	17	154,560	171,510
- Geriatrics(4)	3	125,780	122,640	6	103,860	112,290
- Rheumatology(4)	4	71,780	63,920	5	86,630	82,910
Paediatrics	69	141,000	132,740	73	141,390	146,080
Psychiatry	103	154,410	137,550	111	151,560	144,710
Surgery - General	68	176,930	162,800	67	188,090	180,630
- Thoracic and Cardiovascular	11	240,540	216,580	10	266,590	253,100
- Plastic	10	260,680	276,810	10	279,320	287,360
- Urological	17	219,340	218,430	16	241,510	228,630
- Orthopaedic	31	178,260	193,910	30	195,900	204,580
- Neurological	5	161,540	153,740	4	220,350	223,280
Ophthalmology	27	247,870	256,870	30	238,530	231,180
Otorhinolaryngology	17	167,890	140,080	18	181,030	158,460
Dermatology	10	244,860	239,920	11	248,730	273,490
Radiology	50	212,940	- (6)	52	226,790	- (6)
Pathology	15 (8)	- (7)	- (7)	14 (9)	- (7)	- (7)
Obstetrics and Gynaecology	59	196,260	188,690	57	209,850	206,920
Anaesthesia	75	141,470	- (6)	77	154,310	- (6)
General Practice - Urban (5)	455	127,610	120,050	457	130,660	123,480
- Rural	246	145,850	143,840	248	147,880	143,090
- Emergency Medicine	6	106,420	115,020	7	104,770	115,480
Physical Medicine	6	96,950	99,070 (2)	6	104,610	107,940
All Physicians	1,427	153,110	121,520	1,452	158,280	121,660

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) Amounts represent gross payment by M.H.S.C. from which the physicians must pay overhead costs. Payments are issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 69.5% of professional income in 1991/92. The Average Payment for Physical Medicine, Anaesthesia, Psychiatry and Internal Medicine-Geriatrics also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, Anaesthesia and Internal Medicine-Geriatrics), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(2) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff and does not include $1.0 million for the professional liability insurance fund.

(3) Does not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

(4) New sub-bloc effective April 1, 1990.

(5) Includes Brandon and Winnipeg.

(6) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(7) Average and median are not calculated because it is not possible to separate the technical and professional components.

(8) Thirteen are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

(9) Twelve are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 12B (1)
Average and Median Payments (1/2 the Mean Threshold (2)) to Physicians by Specialty of Practice, 1990/91 and 1991/92.

Type of Practice	1990/91 Threshold	1990/91 Number of Physicians	1990/91 Average Payment $	1990/91 Median Payment $	1991/92 Threshold	1991/92 Number of Physicians	1991/92 Average Payment $	1991/92 Median Payment $
Internal Medicine	59,031	110	177,220	152,940	62,895	106	194,350	166,900
Internal Medicine - Neurology	60,090	14	162,270	161,030	59,327	14	176,910	182,460
- Geriatrics	58,716 (2)	3	125,780	122,640	51,940	6	103,880	112,290
- Rheumatology	58,716 (2)	2	90,180	90,180	60,185 (2)	5	86,630	82,910
Paediatrics	58,716 (2)	60	153,590	155,180	48,579	67	150,170	151,200
Psychiatry	70,091	97	160,380	150,220	70,063	100	163,380	148,540
Surgery - General	80,910	60	192,590	175,940	81,450	59	206,400	208,610
- Thoracic and Cardiovascular	111,010	11	240,540	216,580	112,076	10	266,590	253,100
- Plastic	130,341	9	281,470	288,150	117,919	10	279,320	287,360
- Urological	98,295	14	254,360	247,710	113,813	14	267,660	250,120
- Orthopaedic	79,661	28	191,280	198,490	92,228	28	[illegible]	210,170
- Neurological	70,199	5	161,540	153,740	63,485	4	[illegible]	223,280
Ophthalmology	108,776	20	304,360	298,150	112,598	20	[illegible]	310,330
Otorhinolaryngology	72,765	15	182,710	145,360	82,189	15	204,770	213,690
Dermatology	103,491	10	244,860	239,920	106,133	11	248,730	273,490
Radiology	-	50	-	-	-	52	-	-
Pathology	-	15	-	-	-	14	-	-
Obstetrics and Gynaecology	89,851	51	214,900	198,420	96,767	50	229,290	215,150
Anaesthesia	63,876	68	150,630	-	59,578	73	135,890	-
General Practice - Urban	58,716 (2)	405	137,680	129,760	60,185 (2)	412	139,470	130,430
- Rural	56,284	219	157,770	152,850	53,861	232	154,840	150,410
- Emergency Medicine	58,716 (2)	6	106,420	115,020	52,384	7	104,770	115,480
Physical Medicine	58,716 (2)	5	105,140	102,160	60,185 (2)	5	114,340	111,940
Physicians Exceeding Thresholds		1,277				1,314		
All Physicians (3)	58,716	1,888	117,400		60,185	1,925	120,370	

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) The conditions stated in Table 12A also apply to Table 12B.

(2) Derived by computing the average income for all physicians within a bloc claiming at least one dollar through the fee-for-service arrangement in the fiscal year and dividing by two. If the threshold calculated for a specialty is less than 80% of the provincial threshold ($48,148), the provincial threshold is substituted as the specialty threshold. 1/2 the mean threshold allows for differences in income levels between specialties and gives a more accurate picture of the average and median incomes of full-time physicians.

(3) All physicians excluding pathologists, receiving M.H.S.C. payments.

Table 13
Average and Median Payments(1) ($40,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic,
1990/91 and 1991/92

Type of Practice	1990/91 (2)			1991/92		
	Number of Practitioners	Average Payment $	Median Payment $	Number of Practitioners	Average Payment $	Median Payment $
Oral, Dental, and Periodontal Surgery	11	95,970	97,530	10	101,790	91,960
Optometry	70	83,360	76,680	69	88,730	80,990
Chiropractic	98	86,050	78,750	107	85,630	77,880

(1) Represents gross payment by M.H.S.C. from which the practitioners must pay overhead costs.

(2) Does not include a retroactive adjustment paid out in fiscal year 1991/92.

Table 14
Medical and Other Health Practitioner Services and Costs,
1990/91 and 1991/92.

Type of Practice	Number of Services 1990/91	Number of Services 1991/92	Costs 1990/91 (1) $	Costs 1991/92 (2) $
Internal Medicine	873,735	879,897	21,441,658	22,482,150
Internal Medicine - Neurology	57,309	62,090	2,468,701	2,722,670
- Geriatrics(3)	21,944	35,734	213,468	315,311
- Rheumatology(3)	9,140	15,039	203,610	433,147
Paediatrics	561,086	588,115	10,406,849	11,054,537
Psychiatry	661,243	684,592	13,200,120	13,879,038
Surgery - General	240,624	236,355	12,121,915	12,680,347
- Thoracic and Cardiovascular	16,640	16,231	2,664,240	2,689,822
- Plastic	46,519	48,260	2,606,817	2,830,057
- Urological	65,648	64,748	3,735,196	3,869,650
- Orthopaedic	111,885	113,244	5,585,739	5,910,718
- Neurological	10,243	10,989	816,729	888,793
Ophthalmology	143,401	152,043	6,756,642	7,198,251
Otorhinolaryngology	85,677	92,418	2,909,081	3,296,304
Dermatology	147,796	165,452	2,439,047	2,731,867
Radiology(4)	683,543	692,847	11,998,730	12,337,663
Pathology	3,640,769	3,664,667	25,954,060	26,324,727
Obstetrics and Gynaecology	318,489	324,771	11,602,999	12,007,723
Anaesthesia	74,317	73,007	6,934,337	6,874,291
General Practice - Urban(5)	3,831,580	3,870,212	61,149,076	62,886,753
- Rural	2,379,178	2,391,628	40,189,431	40,906,862
- Emergency Medicine	27,350	28,896	673,546	733,360
Physical Medicine	34,780	33,509	530,780	585,403
Sub-Total In-Province Medical Services	14,042,896	14,244,744	246,602,771	255,639,444
Out-of-Province Doctors	94,371	52,024 (6)	2,499,839	1,375,837 (6)
Out-of-Province Agreement	5,623	4,329	108,925	79,719
Total Medical Services	14,142,890	14,301,097	249,211,535	257,095,000
Oral, Dental, and Periodontal Surgery	10,573	10,324	1,153,858	1,143,460
Optometry	251,891	255,543	6,366,480	6,645,607
Optometry Out-of-Province Agreement	141	180	3,624	4,838
Chiropractic	814,383	857,824	8,955,169	9,720,404
Chiropractic Out-of-Province Agreement	810	865	8,905	9,788
Total Other Health Services	1,077,798	1,124,736	16,488,036	17,524,097
Grand Total Services	15,220,688	15,425,833	265,699,571 (7)	274,619,097 (7)

(1) Include a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(2) Do not include a 1.6% overall increase in the schedule of fees or $2.0 million for the professional liability insurance fund.

(3) New sub-bloc effective April 1, 1990.

(4) Includes both technical and professional components of fee.

(5) Includes Brandon and Winnipeg.

(6) Effective April 1, 1990, medical services and costs for Manitoba residents rendered by physicians in other Canadian provinces under the reciprocal agreement are not included in this report.

(7) Figures include $3,790,673 for 1990/91 and $3,836,149 for 1991/92 which represent the value of services submitted by salaried practitioners.

MANITOBA HEALTH SERVICES COMMISSION

RECONCILIATION STATEMENT

DETAILS	1991/92 ESTIMATES
1991/92 Main Estimates	$ 1,576,824,300
ALLOCATION OF FUNDS FROM:	
- General Salary Increase	
1991/92 Estimate	$ 1,576,824,300

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1992

HOSPITAL SERVICES

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1992 amounted to $962,829,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1992	1991
	(thousands of dollars)	
Public General Hospitals	$ 905,572	$ 852,841
Community Health Centres and Clinics	19,098	17,294
Federal Hospitals	2,002	2,050
Contract Facilities and Red Cross Blood Transfusion Services	18,400	17,349
Hospitals Outside the Province	17,757	18,479
	$ 962,829	$ 908,013

During the year ended March 31, 1992 the average daily in-patient cost in a public general hospital in Manitoba was $514.54 compared to $490.40 for the previous year, an increase of 4.9%.

The increase for public general hospitals approximates $52.7 million. Of this increase, $40.1 million is due to increased salaries, supplies, and other costs, and $12.6 million is for new/renovated facilities and equipment.

MEDICAL AND OTHER HEALTH SERVICES

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1992 together with comparable figures for the previous year is as follows:

	1992	1991
	(thousands of dollars)	
Medical Services	$ 261,864	$ 250,212
Dental and Oral Surgery	1,143	1,154
Standing Committee on Medical Manpower	485	455
Salary and Other Payments to Physicians	3,237	2,657
Total Medical Services	$ 266,729	$ 254,478
Optometric Services	6,463	6,436
Chiropractic Services	9,940	8,980
Prosthetic and Orthotic Devices	3,964	3,418
Total Other Health Services	20,367	18,834
Total Medical and Other Health Services	$ 287,096	$ 273,312

PERSONAL CARE HOME SERVICES

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $23.84 per day during the year ending March 31, 1992. Residential charges during the year were as follows:

April 1, 1991 -	$22.70
June 1, 1991 -	$23.25
August 1, 1991 -	$23.80
November 1, 1991 -	$24.35
February 1, 1992 -	$24.90

As at March 31, 1992 there were 8,558 rated beds included in the program (6,247 non-proprietary beds and 2,311 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1992 together with comparable figures for the previous year is as follows:

	1992	1991
	(thousands of dollars)	
Resident Services	$ 222,736	$ 212,115
Drug Costs	6,102	5,747
Adult Day Care	1,626	1,694
Therapy Services	2,159	1,884
	$ 232,623	$ 221,440

Program costs increased by $11.2 million. Increased salaries, supplies and other costs were $12.4 million and costs of new and renovated facilities were $4.6 million. These increased costs were offset in part by a $5.8 million increase in residential charges during the year.

PHARMACARE

Costs of the universal Pharmacare Program for the year ended March 31, 1992 amounted to $57,300,000 compared with $49,818,000 in the previous year. For the 1991 benefit year, this program covered 80% of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $96.90 where at least one member was 65 years of age and over, and $171.00 where all members of the family were under 65 years of age.

AMBULANCE PROGRAM

Under this program grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs. The grants are made to municipalities on a per capita basis.

Direct grants to the ambulance services increased during the year by $.5 Million, bringing the total for 1991/92 to $3.5 Million. These grants are intended to reduce inequities in the per capita grant. In addition to the grants, the Commission provides funds for the training of ambulance personnel.

Total cost of the ambulance program for the year ended March 31, 1992 was $6,281,000 compared with $5,578,000 in the previous year.

AIR AMBULANCE PROGRAM

The role of the air ambulance program is to provide a rapid long distance transport for the acutely sick and injured within the Province of Manitoba on a 24-hour basis and the transport of Manitoba residents out of the province for medically required emergency services that are not available in Manitoba.

Expenditures for the year ended March 31, 1992 were $2,329,000 compared with $4,355,000 in the previous year. This decrease resulted from the termination of the lease payments and the subsequent outright purchase of the aircraft in 1990/91.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg

  and

- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Effective July 1, 1991, most elective cases became subject to a transportation charge of $50.00.

Costs of this program for the year ended March 31, 1992 amounted to $2,866,000 compared with $3,137,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $13,936,000 for the year ended March 31, 1992 or 0.9% of the total expenditures, compared with $20,410,000 and 1.4% for the previous year. Effective April 1, 1991, the Commission transferred staff of the Finance and Administration Division and the Long Term Care Programs Division to the Department of Health. This transfer represented the first phase of the integration of the Commission and the Department. This transfer reduced Administrative Expenses of the Commission by $6,597,400.

REVENUE

For the year ended March 31, 1992 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1992 was $1,565,282,000 compared with $1,486,104,000 for the previous year.

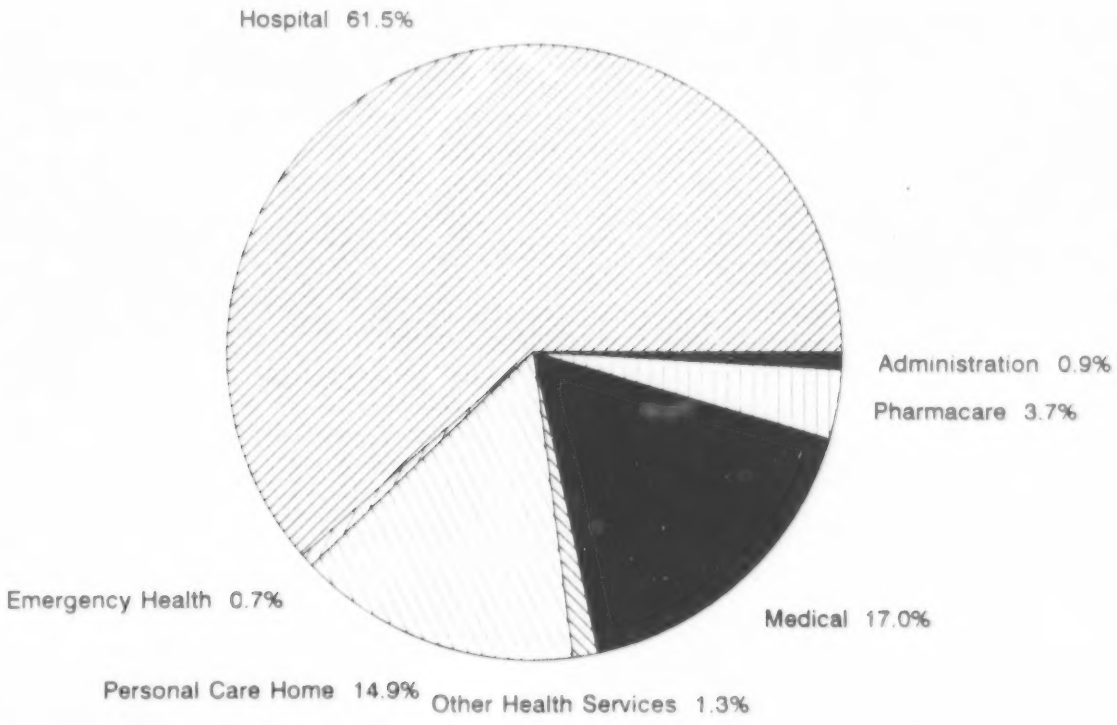
WORKING CAPITAL

The financial operations of the Commission for the year ended March 31, 1992 resulted in an excess of revenue over expenditure of $22,000 which resulted in a closing working capital account of $787,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1992.

MANITOBA HEALTH SERVICES COMMISSION

Percentage Distribution of Expenditures Year Ending March 31,1992



Emergency Health includes Ambulance Program (Land), Air Ambulance and Northern Patient Transportation Program

COMPARISON OF ACTUAL EXPENDITURES WITH PLANNED EXPENDITURES FOR THE YEAR ENDED MARCH 31, 1992

Planned expenditures, net of third party recoveries and miscellaneous income, for the year ended March 31, 1992 were $1,576.8 Million as compared with actual expenditures of $1,559.2 Million, resulting in an underexpenditure of $17.6 Million or 1.1% of total expenditures. The underexpenditure has been transferred back to the Provincial Consolidated Fund.

Expenditure Summary
For the year ended March 31, 1992
(with Comparative Figures for the Previous Fiscal Year)

Main Estimates	Appropriations 21-6A, 21-7A & 21-7B	Actual 1991/92 $000 Operating	Capital	Total	Actual 1990/91 $000	Increase (Decrease) $000	Explanation Number
14,116	Administration	13,936		13,936	20,410	(6,474)	(1)
56,186	Pharmacare Program	57,300		57,300	49,818	7,482	(2)
6,435	Ambulance Program	6,281		6,281	5,578	703	(3)
2,560	Air Ambulance Program	2,307	22	2,329	4,355	(2,026)	(4)
2,858	Northern Patient Transportation Program	2,866		2,866	3,137	(271)	(5)
956,119	Hospital Program	923,481	39,348	962,829	908,013	54,816	(6)
247,729	Personal Care Home Program	224,517	8,106	232,623	221,440	11,183	(7)
297,942	Medical Program	287,096		287,096	273,312	13,784	(8)
1,583,945	Gross Program Costs	1,517,784	47,476	1,565,260	1,486,063	79,197	
7,121	Less Recoveries	6,030		6,030	7,364	(1,334)	(9)
1,576,824	Net Program Costs	1,511,754	47,476	1,559,230	1,478,699	80,531	

		$000
(1)	The decrease in Administration is due to the following:	
(a)	Transfer of salaries and operating expenses to Manitoba Health re: initial phase of amalgamation	$ (6,235)
(b)	Decrease in salaries due to elimination of year-end accrual less general salary increase and increments	(215)
(c)	Other savings - net	(24)
		$ (6,474)

(2)	The increase in the Pharmacare Program is due to the following:	
	(a) Volume increase	$ 2,334
	(b) Price increase	5,148
		$ 7,482
(3)	The increase in the Ambulance Program is due to the following:	
	(a) Further expansion of Direct Service grants to ambulance services and training program	$ 703
(4)	The decrease in the Air Ambulance Program is due to the following:	
	(a) Decrease in operating costs of aircraft due to 12% decrease in trips	$ (156)
	(b) Non-recurring costs re: termination of lease and subsequent purchase of aircraft in 1990/91	(1,870)
		$ (2,026)
(5)	The decrease in the Northern Patient Transportation Program is due to the following:	
	(a) Volume decrease in elective cases due to implementation of a transportation charge during the year, partially offset by increase in price and volume of emergency cases	$ (271)
(6)	The increase in the Hospital Program is due to the following:	
	(a) Economic increase	$ 50,062
	(b) New and/or renovated construction and equipment	12,557
	(c) Savings re: reduced interest rates on approved borrowing	(3,592)
	(d) Savings re: cost reduction options implemented during the year	(6,498)
	(e) Special cost considerations implemented during the year	2,287
		$ 54,816

(7) The increase in the Personal Care Home Program is due to the following:

(a)	Economic increase	$ 10,875
(b)	New and/or renovated construction and equipment	4,580
(c)	Increase in residential charges	(5,840)
(d)	Additional bed openings at Deer Lodge	883
(e)	Upgrade staffing and supply costs	1,039
(f)	Savings re: reduced interest rates on approved borrowing	(354)
		$ 11,183

(8) Volume Increase $ 10,320

Price Increase

Medical Services - 1.6%	4,143
Chiropractic Services	293
Prosthetic & Orthotic Services	115
Professional Liability Insurance Fund	1,000
	5,551

Overstatement of 1990/91 year end liability (2,087)

$ 13,784

(9) The decrease in Recoveries is due to the following:

(a)	Cessation of Air Ambulance recoveries during 1991/92 pending litigation	$ (548)
(b)	Extraordinary recovery in 1990/91 non-recurring	(1,081)
(c)	Price & volume increase	295
		$ (1,334)

Management Report

Management is responsible to the members of the Commission Board for the integrity and objectivity of the financial statements of the Commission. The statements have been prepared in accordance with generally accepted accounting principles. The financial information presented elsewhere in this Annual Report is consistent with that contained in the financial statements.

The Commission maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. The Commission has also instituted policies and guidelines which require employees to maintain the highest of ethical standards. Staff of the Provincial Auditor's Office review internal controls on an ongoing basis and report their findings to management and the Commission Board.

The responsibility of the Provincial Auditor and his staff is to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

The Commission Board has reviewed and approved these financial statements. To assist the Board in meeting its responsibility, an audit committee which meets with management and with the Provincial Auditor jointly and separately, has been appointed to review audit, financial reporting and related matters.

On behalf of the management

Executive Director

Assistant Deputy Minister,
Financial and Management Services Division

Office of
the Provincial Auditor

905 - 386 Broadway
Winnipeg, Manitoba, CANADA
R3C 3R6

AUDITOR'S REPORT

To the Legislative Assembly of Manitoba

In accordance with section 25(1) of The Health Services Insurance Act, we have audited the balance sheet of the Manitoba Health Services Commission as at March 31, 1992 and the statements of revenue and expenditure and working capital account for the year then ended. These financial statements reflect the health services program costs administered by the Manitoba Health Services Commission and the funding provided for these programs from the Department of Health appropriations for Health Services and Expenditures Related to Capital. These financial statements are the responsibility of the Commission's management and have been prepared in accordance with the accounting policies described in note 1 to the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In accordance with the Manitoba Health Services Commission's accounting policy as described in Note 1, the Commission's actuarial liability for pensions as at March 31, 1992 in the amount of $20,064,000 and the related pension expenditure have not been recorded in these financial statements. This accounting policy is not appropriate, because it does not result in fair presentation. If this liability and the related pension expenditure had been recorded in these financial statements, the Commission's liabilities as at March 31, 1992 would have been increased by $20,064,000 (1991 - $21,179,000) and the working capital account as at March 31, 1992 would have been decreased by $20,064,000 (1991 - $21,179,000).

In our opinion, except for the failure to record the information referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 1992 and the results of its operations for the year then ended in accordance with the accounting policies described in note 1 to the financial statements.

W. Johnson

Winnipeg, Manitoba
October 21, 1992

W. A. Johnson, CA
Executive Director

MANITOBA HEALTH SERVICES COMMISSION
BALANCE SHEET
AS AT MARCH 31, 1992
(With 1991 Figures for Comparison)

ASSETS

	1992	1991
	(thousands of dollars)	
Cash on hand and in bank	$ 9,431	$ 2,151
Funds on deposit, Government of the Province of Manitoba	51,691	57,646
Accounts receivable:		
Government of the Province of Manitoba (Note 5)	672	542
Other Provinces and Territories	9,397	8,754
Other	1,494	895
	11,563	10,191
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	72,685	69,988
Funds held in trust re debenture trust agreements (per contra) (Note 2)	29,115	26,355
	$101,800	$ 96,343

LIABILITIES

	1992	1991
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 4,040	$ 4,456
Estimated adjustment payments under section 60(2) of The Health Services Insurance Act and other costs, net (Note 6)	24,931	24,304
	28,971	28,760
Medical services claims	29,207	26,447
Pharmacare claims	10,662	10,167
Ambulance grants	948	835
Air ambulance	37	61
Northern patient transportation claims	88	79
Other health services claims	1,858	2,009
General	127	865
	71,898	69,223
Working capital account	787	765
	72,685	69,988
Funds held in trust re debenture trust agreements (per contra)	29,115	26,355
	$101,800	$ 96,343

APPROVED on behalf of the Board: G Roth

Gail Roth
Chairman

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1992

(With 1991 figures for Comparison)

	1992	1991
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,559,252	$ 1,478,740
Third party recoveries (Note 1)	5,961	7,130
Miscellaneous income	69	234
Total revenue	1,565,282	1,486,104
Expenditure:		
Hospital services:		
Hospitals within the Province	945,072	889,534
Hospitals outside the Province	17,757	18,479
	962,829	908,013
Medical services	266,729	254,478
Personal care home services	232,623	221,440
Pharmacare program	57,300	49,818
Ambulance program	6,281	5,578
Air ambulance program	2,329	4,355
Northern patient transportation program	2,866	3,137
Other health services (Note 4)	20,367	18,834
Administrative expenses, Schedule 1	13,936	20,410
Total expenditure	1,565,260	1,486,063
Revenue over expenditure	$ 22	$ 41

The accompanying notes on pages 118 to 121 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1992

(With 1991 Figures for Comparison)

	1992	1991
	(thousands of dollars)	
Balance, beginning of year	$ 765	$ 724
Add, revenue over expenditure	22	41
Balance, end of year	$ 787	$ 765

The accompanying notes on pages 118 to 121 are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED MARCH 31, 1992
(With 1991 Figures for Comparison)

	1992	1991
	(thousands of dollars)	
Salaries and employee benefits	$ 8,443	$ 13,637
Office equipment	3,020	2,942
Pension payments (Note 1)	593	551
Professional services	350	714
Stationery and office supplies	454	710
Maintenance of land, building and office equipment	215	190
Health and post-secondary education tax levy	188	305
Travel	148	159
Telephone	135	230
Utilities	117	120
Grant in lieu of realty taxes	109	140
Miscellaneous	82	107
Commissioners' remuneration	40	48
Building renovations	37	31
Postage, express and delivery	5	446
Bank charges	-	80
Total Administrative Expenses (Note 7)	$ 13,936	$ 20,410

The accompanying notes on pages 118 to 121 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1992

NOTE 1. **SIGNIFICANT ACCOUNTING POLICIES**

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, as at December 31, 1989, the unfunded provision on a non-indexed basis for the Commission's employees amounted to $20,064,000 as at March 31, 1992 ($21,179,000 as at March 31, 1991).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1992, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.

2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.

3. Land and buildings of the Deer Lodge Centre Inc.

4. Land and building of the Rideau Park Personal Care Home Inc.

5. Land acquired for future development of a health care facility.

6. Furniture and equipment located in the Cadham Provincial Laboratory and in the provincial laboratory and imaging diagnostic units throughout the Province.

7. Furniture and equipment located in the administration building.

8. A Cessna Citation SII aircraft which is a completely dedicated air ambulance.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets. During the fiscal period 1991/92, the Department of Government Services paid rent in the amount of $607,500 to Manitoba Properties Inc., for the land and administrative building utilized by the Commission. This expenditure is not reflected in the accounts of the Commission.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds were on deposit as follows:

	1992	1991
	(thousands of dollars)	
Bank	$ 26,108	$ 23,117
Government of the Province of Manitoba	3,007	3,238
	$ 29,115	$ 26,355

The Commission receives these funds as grants from the Government of the Province of Manitoba and makes the required payments to trustees and the Government of the Province of Manitoba for debt servicing, including any required sinking fund payments. These funds relate to the debentures referred to in Note 3.

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these

capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of capital assets for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1992 the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on the Statement of Revenue and Expenditure was $92,332,000 ($93,316,000 for the year ended March 31, 1991).

As at March 31, 1992, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $527,658,000 ($487,303,000 as at March 31, 1991).

In addition to the approved outstanding capital debt, lines of credit up to $172,519,000 ($168,536,000 as at March 31, 1991) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1992	1991
	(thousands of dollars)	
Optometric	$ 6,463	$ 6,436
Chiropractic	9,940	8,980
Prosthetic and Orthotic	3,964	3,418
	$ 20,367	$ 18,834

NOTE 5. MANITOBA CHILDREN'S DENTAL PROGRAM

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1992, the Commission paid claims for approved services amounting to $1,328,000 ($1,479,000 for the year ended March 31, 1991). Of this amount, $1,006,000 ($1,047,000 for the year ended March 31, 1991), was recovered from the Department of Health during the year ended March 31, 1992. The balance of $322,000 is included in accounts receivable - Government of the Province of Manitoba as at March 31, 1992 ($432,000 as at March 31, 1991). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $166,000 for the year ended March 31, 1992 ($161,000 for the year ended March 31, 1991) and are included in the Commission's administrative expenses detailed in Schedule 1.

NOTE 6. HOSPITAL AND PERSONAL CARE HOME LIABILITIES

The liabilities of the Commission include $10,262,000 ($6,739,000 as at March 31, 1991) which covers the Commission's share of the estimated future benefit payments of the Manitoba Health Organization, Inc., Long Term Disability Insurance Plan.

This amount was established by the insurance company which holds the insurance contract for this plan. The amount represents the estimated cost of future payments to participants who were disabled and receiving payments or had been approved for payments as at March 31, 1992. It also includes the estimated cost for claims incurred prior to that date which were unreported, unapproved or approved but pending satisfaction of the elimination period as at that date.

NOTE 7. ADMINISTRATIVE EXPENSES

Effective April 1, 1991, the Commission transferred staff of the Finance and Administration Division and the Long Term Care Programs Division to the Department of Health. This transfer represented the first phase of the integration of the Commission and the Department. This transfer reduced Administrative Expenses of the Commission by $6,597,400.